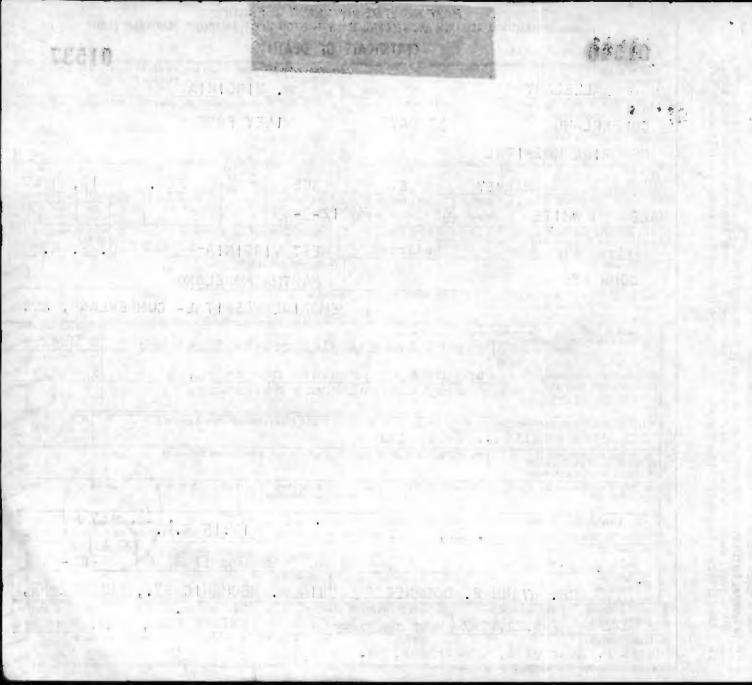
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, ar remayal, and indicate, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

Division	of STATISTICAL	RESEARCH ANI	RECORDS,	301	W. PI	RESTON	STREET,	BALTIMORE,	MARYLAND	21201
-	2			-	0.5	ME AT	1000			

1	U1540			CERTIFIC	AIE U	F DEAIN	8		1	115	17	
	CE OF DEATH						(Where de	ceosed lived, if institu		ce before o	dmission	n) /
		LLEGANY		MARYLAN		O. STATE W. V	IRG	INIA	NIT			√
b, Cl	ITY OR TOWN (If	outside corporate limit give nearest tawn)	s,	c. LENGTH OF STAY IN I	c, (oorate limits, write RU	IRAL and give	nearest t	awn)	
(CUMBER	LAND		33 DAYS		WILE	YF	ORD	5	-3		
		L OR INSTITUTION (If n		give street address)	d.	STREET ADDRESS				e. i	IS RESIDI ON A FAI	ENCE RM?
1	MEMOR I	AL HOSPI	TAL									NO X
3. NAN	AE OF EASED		rst	Middle		Lost	4. DA1			Doy	Year	
(Түр	e or print)		RVEY	Ε.	- 1 4 4	ABE	DEA		I IF UNDER 1	19,	19 UNDER	
S. SEX		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		TE OF BIRTH 2-3-89		9. AGE (In years lost birthdoy)	Months		Hours	Min.
MAI		*****		IND OF BUSINESS OR		. BIRTHPLACE (Count	. D. C	yrs.	12 (17	IZEN OF W	MAT	
during n	nost of working li	(Give kind of work done te, even if retired)	IN	DUSTRY	1			IA-LEVELS	COL	JNTRY?		
	Retired	Engineer		Railroad	1 34	MOTHER'S MAIDEN	100 111	Д-лачы.	3 0,	,),	A.	
10. FA	JOHN	ΔRF			14.	MARTHA		E I A NID				
15 W/		IN U.S. ARMED FORCES?	1 16	SOCIAL SECURITY NO.	17. INFOR		אטרו	Addr	ess			
(Yes, no	o, or unknown)	If yes give wor or dotes	of service)	JOURE JECONTT 110.		MORIAL I	HOSP		MBERI	AND	, M	D.
	CAUSE OF DE	ATH (Enter only one co	ise per line for	(a) (b) and (c))						I INTER\	/AL BETV	WEEN
10	PART I. DEAT			dration a	nd e	lectrols	rta	imbalanc	A	2 ONSET		
	197 x	DUE		CL COLUMN	10, 0.	<u> </u>		an our action	V			
	nditions, if ony,			inoma of					h	2 y	ear	S
	e to immediate		10 b	ony and p	ulmor	ary me	tast	ases				
los)	(c)								,,,.	
≥ PA				TO DEATH BUT NOT RELATE	D TO THE T	ERMINAL DISEASE CO	ONDITION (GIVEN IN PART 1(0)			AS AUTO	
A I	Diabet	es melli	tus, v	rery mild						YES		NO X
SE CE		UNDERLYING CAUSE OF DEATH AEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY OCCU	RRED. (Enter	noture of injury in	Port I or	Port II of item 18.)				
MEDICAL 30	c. TIME OF INJU	RY Month, Doy, Year			e. PLACE OF	INJURY (Home, for	m, 20	of. (City or town)	(Cou	inty)	(5	itote)
ME	p.m	. 19	While of worl	k U otwork U		reet, office bldg., etc						
	21. I certif	y that (I) (this ha	spital) atten	ded the deceased fro	m Dec	17th,	1966	toFeb. 1	9, 196	7, that	(I) (V	ve) last
		ceased alive on_	Feb. 1	9.4 19.67, and	that de	ath occurred a	10:	_IMP from «buses				above.
- 2	2a SIGNATURE	S		12		ATTENDING PHYS.	MED.	STAFF C		TE SIGNED		
-	2 PHTZSICIAN'S	- XX CU E	Kypu	v mm	MU.	PHYS. LX.	DIRECTO	R LJ PHYS. L	1 6	-66.	1.0	
	NAME (Type)	DR. WYA	ND F	DOPRNER 4	Jv, [MECH	IANIC ST.	CU	MBER	LAN	D, M
	URIAL, CREMATIO			23c. NAME OF CEMETER			35.0	LOCATION (City or To		(County)	,	ate)
	EMOYAL (Specify)	Feb.22	2,1967	ABE CEME	PERY-			LEY FORD			LRGI	N A
	INERAL DIRECTOR		Cumb	ADDRESS perland, Md			EB 2	m1	EGISTRAR'S SI			
Jel	mon 4 +	Sour berry	- J Cunt	or remain 110	•	DATE F	LD 4	7 1987	Clien	Cly y	uda	A.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01541	1		CERTIFICATE	E OF DEATH		015	38
1, PLACE OF DEATH o. COUNTY	Allegany		MARYLAND	o. STATE Mar	ryland	COUNTY Allega	any
b. CITY OR TOWN (write RURAL or	(If outside corporate limits and give nearest tawn). Cumberlas	s, ind	2 months	Rt.#6, Cu	outside corporote limits, write umberland	01-1	1
d. NAME OF HOSPIT	PITAL OR INSTITUTION (If no	not in hospitol, give		d. STREET ADDRESS McMullen	Highway		e IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fi	First armuel	Middle Singleton	los: Adams	OF DEATH	Month Doy Feb. 10	1967
s. sex Male	6. COLOR OR RACE White	7. MARRIED X	NEVER MARRIED E	B. DATE OF BIRTH 11/2 9 /94		yrs. Months Doys	Hours Min.
100. USUAL OCCUPATION during most of working Farmer	ON (Give kind of work done ng lite, even if retired)		D OF BUSINESS OR USTRY Farming	Buffalo M		12. CITIZEN OF COUNTRY?	
13. FATHER'S NAME	Silas Adams				Cora Suter		
1S. WAS DECEASED EVI (Yes, no, or unknown)	VER IN U.S. ARMED FORCES? (If yes give wor or dotes o	of service)		INFORMANT s. Maude Ada	lams, Cumberla	Address and, Md. RD	06
Conditions, if any rise to immedio stoting the under	ny, which gave ote couse (o). derlying couse	(b) Reced (c) 17=1	Luxes of Le	for the cont	pergis l	eft). WAS AUTOPSY
CATIO	SIGNIFICANT CONDITIONS C		O DEATH BUT NOT RELATED TO T			γ	PERFORMED? YES NO
ALL CHILLY, MOTHER	NG (CAUSE OF DEATH FY MEDICAL EXAMINER)						/Ch-4-1
Hour o.	p.m. 19	While of work	Not While of work	ACE OF INJURY (Home, for ctory, street, office bidg., etc.	(c.)		(Stote)
saw the d	deceased alive an	spital) attende Peb	ed the deceased fram_ 919_67, and that	NOV. 21,	1966 , ta Feb.	uses and an the dat	ate stated abov
22o. SIGNATURE	Unil	cereto	un to	ATTENDING D	MED. STAFF PHYS.	22b. DATE SIGN	HED
22c. PHYSICIAN' NAME (Type	pe) L. B.	Mathews,			e St., Cumber	· · · · · · · · · · · · · · · · · · ·	
230. BURIAL, CREMATI	Feb.1	HEREOF 13↓,1967	-	lemetery		oice, Pa. F	RD#1
24 FUNERAL DIRECT	OR Lace	lar Hyn	ADDRESS	2So. REC	FEB 1 6 1967	b. REGISTRARY SIGNATUR	Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, crematian, or removal, and in any event, within 72 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

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THE PARTY AM EDDAHOL devices as services VACUATE PARTICIPATION OF THE P V6 5061/02/02 pryofer tempted Logical continues. compliant may re-יר יריים ביין המייים ביין יין all all and an experience of rich received The patient had posterial THE LANGE WEIGHT DAY . - . 19/3/8/0/8/9 A ly Leontes high some Longer all

0154	}		CERTIFICA	TE OF DEATH		0154	0
o. COUNTY	ALLEGAN	Y CO.	MARYLAND	ATATE	(Where deceased lived, if institution b. CO)		are odmission)
b. CITY OR TOWN write RURAL or	(If outside corporate limi	nD	5 DAYS		utside corporote limits, write R MBERLAND	URAL and give neon	est town)
	TAL OR INSTITUTION (IF IT OR I AL HOS		give street oddress)	d. STREET ADDRESS 313 MA	RYLAND AVEN	UE	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASEO (Type or print)	JAY	irst	Middle ALLEN	BATES		FEB 1	
MALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED A DIVORCED	8. DATE OF BIRTH 2-12-67	9. AGE (In years last birthdoy) yrs.	Months Days	
0o. USUAL OCCUPATION Ouring most of working	N (Give kind of work done g life, even if retired)		IND OF BUSINESS OR IDUSTRY	11. BIRTHPLACE (Count MARYLA	y & State, ar fareign country) ND	12. CITIZEN COUNTRY USA	OF WHAT
13. FATHER'S NAME	JOHN	H BAT	TES, JR	14. MOTHER'S MAIDEN JO'	NAME YCE REWDOOD	GOODMAN	
1S. WAS DECEASED EV (Yes, no, or unknown) 共發表	ER IN U.S. ARMEO FORCES? (If yes give war ar dates	of service)	SOCIAL SECURITY NO.	7. INFORMANT MEMORIAL	HOSPITAL	tress	
	DEATH (Enter only one co ATH WAS CAUSED 8Y: IMMEDIATE CAUSE	(0)	6	a, bilatira	l		NTERVAL BETWEEN
	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE DUI y, which gove the cause (a),		6	1.00	l		
Conditions, if on rise to immedic stating the und last.	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE DUI y, which gove the cause (a), erlying cause DUI SIGNIFICANT CONDITIONS AS UNDERLYING	(a)	Brewnone Bremsterit TO DEATH BUT NOT RELATED Carcletion	to the terminal disease co	l	5	
PART I. DE. Conditions, if on rise to immedia stating the und last. PART II. OTHER: 20a. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF LAUR OF IN Haur a p	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE DUI y, which gove the cause (a), erlying cause DUI SIGNIFICANT CONDITIONS AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Manth, Day, Year m. 19	(b) TO (b) TO (c) CONTRIBUTING 20b. DE 20d. II While of work	Boneumane Boneumane	TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a) Heyeline Man Part I or Part II of item 18.) m, 20f. (City or town)	brone. (County)	WAS AUTOPSY PERFORMEO? (Stote)
PART I. DE. Conditions, if on rise to immedia stating the und last. PART II. OTHER: 20a. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF 20x. TIME OF IN Hour of the part of th	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE DUI y, which gove the cause (a), erlying cause DUI SIGNIFICANT CONDITIONS AS UNDERLYING G CAUSE OF DEATH y MEDICAL EXAMINER) JUDY Manth, Day, Year .m. 19 ify that (1) (this ha deceased alive an_	(b) (b) (c) (contributing of the property of t	Boneumane Boneumane	TO THE TERMINAL DISEASE CO OF CONTROL FLACE OF INJURY (Home, for factory, street, office bldg., etc.) That death accurred a ATTENDING	Part I of Part II of item 18.) m, 201. (City or tawn) 19. 7. ta F. C. MEO. STAFF	(County)	D. WAS AUTOPSY PERFORMEO? YES NO (Stote)
PART I. DE. Conditions, if on rise to immedia stating the und last. PART II. OTHER S 200. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF IN Hour of P. 21. I cert saw the contraction of the	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE OUI Y, which gove the cause (a), erlying cause SIGNIFICANT CONDITIONS AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Manth, Day, Year In. 19 ify that (I) (this had deceased alive an	(b) (b) (c) CONTRIBUTING 20b. DE 20d. II While of worl	Boneumane Boneumane	TO THE TERMINAL DISEASE CO TO	NDITION GIVEN IN PART 1(a) Hey line Man Part 1 or Part II of item 18.) m, 20t. (City or town) 19 7 to Fig. 16:50M, From cause:	(County) (County) (County) 7, 1967, s and an the do 22b. OATE SIC	WAS AUTOPSY PERFORMEO? (Stote) that (I) (we) ate stated about 5 (NED)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please 1 move carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, ended my event, within 72 hours ofter deaf

VR A15 (4) 20 M 1/66

ALLO DO SHOUTH OF TAXABLE CO. the professional engine built with the world and the control of th 0.411 NO VINOSILIA 0.440737703 PERSONAL DIAL PROMPETER SEMONIAL MOSPLAGE

C. STIME DUMNEL

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hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

REGISTRAR'S SIGNATURE

	01544 CERTIFICAT	E OF DEATH	541
1	a. COUNTY A//EEONY MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: h. COUNTY Mary land Allega	ney
	b. CITY OR TOWN Woutside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write-AURAL	end give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 402 Pulaski St.	d. STREET ADDRESS 402 Pulaski ST.	e. IS RESIDENCE ON A FARM? YES NO
1	B. NAME OF First Middle DECEASED (Type or print) Maroaret A.	Blake of DEATH 7eb.	Day Year 16 1967
	5. SEX 6. COLOR OR ROCE 7. MARRIED NEVER MARRIED VIOLENCE WIDOWED DIVORCED 100a. USUAL OCCUPATION (GIVO kind of work done 10b. KIND OF BUSINESS OR	8. DATE OF BIRTH 7eb, 28, 1876 11. BIRTHPLACE (County & State, or foreign country) 12. C	Days Hours Min.
0	luring most of working life, even if retired) HOUSE WIFE 13. FATHER'S NAME	A 11 14 1 C	J, S, A.
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	Rose Mattingly	. 1 1.1
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	word Blake Combert	INTERVAL BETWEEN ONSET AND OEATH 2 4465
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	arditio	10 mg
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELIGIOUS. 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUPANTIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
		JRRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18	
A STATE OF THE PARTY OF THE PAR	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While at work 18 at work	ory, street, office bldg., etc.)	unty) (State)
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 1967, and that 22a. SIGNATURE	attending Med. STAFF	/
1	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS Va Levs Com	forland
1	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER 23c. NAME	Y OR OBEMATORY 23d. LOCATION (City, town or of	ounty) (State)

ADORESS

25a.

6

REC'D BY REGISTRAR

196

25b.

15M 4-64

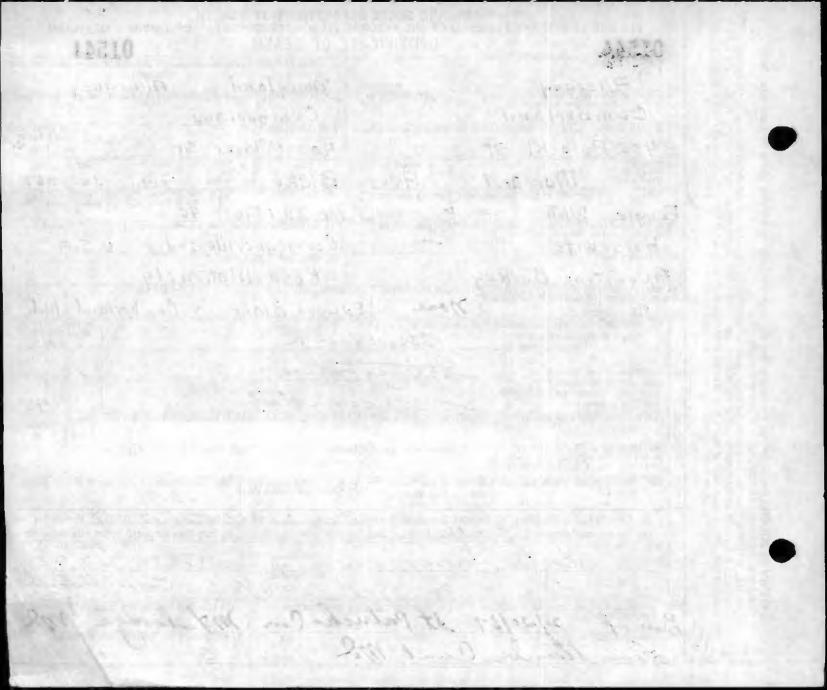
FUNERAL DIRECTOR

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

VR A15 (4)

TO HOSPITAL



FOR STATE DEPT: P.M.3. Page

and 3 to

A& Give Poges 1, 2, ng with farm

cay delay is

er deoth If

This certificate shamld be executed within 24 hours

nuncessory pleasurunecate the certificate, writing the word "pendung" in pencl in literathe formula director. Page 4 shuuld be forwarded to the Chief Medical Finam ner in Office.

macessory pleasmamecute the certificate, writing the word "pending"

MEXAL EXAMINER:

TO DEPUTY

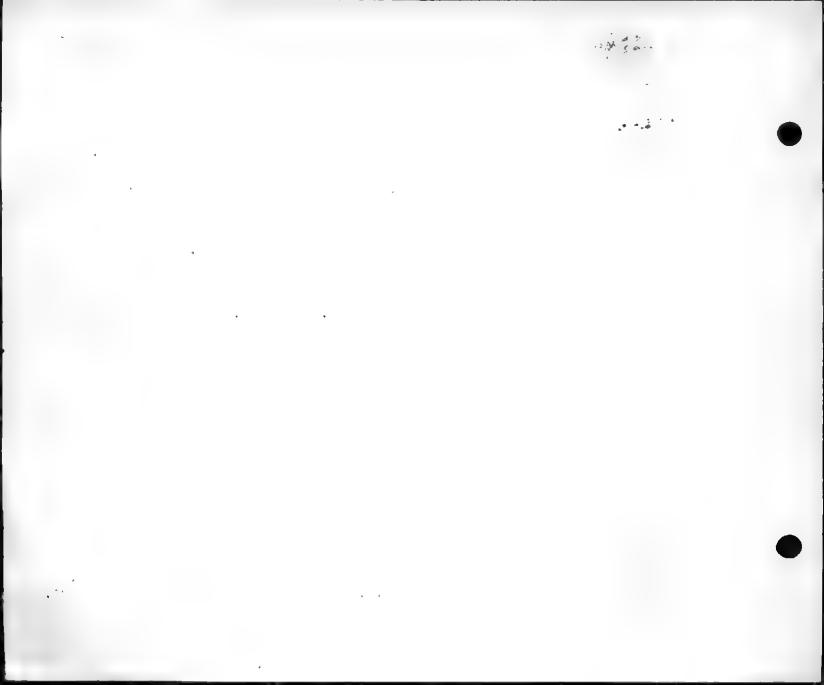
VR ATSME (S)

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit parmit file pages land? with the State Department of Habith or its designated agent, prior to barial, cremation, ar removal, and in any avent within 72 Baurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0154)	MED	ICAL EXAMINE	ER'S	CERTIFICATE C	F DEATH	015	542
	PLACE OF DEATH						Where deceosed ved,		nce before admission)
	o COUNTY	Allegany		MARYLA	AND	o STATE	ryland	6 COLNTY A	llegany
	write RuRAL and	foutside corporate Imi	ts,	c LENGTH OF STAY N		c CITY OR TOWN (If or			
_	Cumber			69 year	`s		mberland		
		TAL OR INSTITUT ON (If n				d STREET ADDRESS	l. D		e S RESIDENCE ON A FARM?
		ennsylvani	a Aven	ue		40	4 Pennsyl	vania Av	e. YES NO 3
	NAME OF DECEASED	F	irst	Middle		£05t	4 DATE OF	Month	Day Year
	(Type or print)		lobert	В.		Brant	DEATH	Feb.	19 9 67
5,	Ma le	6 COLOR OR RACE White	7 MARRIED WIDOWED	NEVER MARRIED D VORCED			898 9 AGE 18 9 8 68-6	thear) Months	Doys Hours Min
100	USUAL OCCUPATION	N (Give kind of work done		ND OF BJS NESS OR		11 BIRTHPLACE (Stote			ITIZEN OF WHAT
dur	ing most of working Carpen	I te even if retired)	\$	elf Employ	ed		and, Md.	(OUNTRY? USA
13.	FATHER'S NAME	~ 04		70		14. MOTHER S MAIDEN			AGO
		Thomas W.	Brant			Daisy Va	lentine		
15.	. WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes	16. 5	SOC AL SECURITY NO	17	NFORMANT	- CHO THO	Address Da	ughter
(Y:	es, no, or unknown]	(If yes give wor or dotes	of service)		M	rs. Robert	M. Table		
		EATH (Enter only one co	use per line for	(o), (b), and (c),)				2 12101 0 1111	INTERVAL BETWEEN
		TH WAS CAUSED BY. IMMEDIATE CAUSE		Coronary	0	cclusion,	Left		STATE AND DEATH
	Conditions, if only	/ DUE	ТО	Corona	rv	Thrombosi	s. Left		
	rise to immediat	e couse (o), ((b)				3, 2,020		
	stating the unde	rlying couse	(c)	Coron	ary	Sclerosia	3		
ATION	PART II OTHER SI	GNIFICANT CONDITIONS (CONTRIBUTING TO	O DEATH BUT NOT RELAT	ED TO T	HE TERMINAL DISEASE CO	VDITION G VEN IN PAR	T 1(o)	19 WAS AUTOPSY PERFORMED? YES & NO
CERTIFICATION	200 EXTERNAL (A PRIMARY ☐ or CO CAUSE OF DEATH		20b DES	SCRIBE HOW INJURY OCCI	URRED (Enter noture of in ary in	Port 1 or Port II of ite	m 1B)	
MEDICAL	20c TIME OF INJU Hour o.r p.r	1.0	20d IN While at work	Mot While		E OF INJURY (Home, form ory, street, office bldg., etc		town) (Co	ounty) (Stote)
	21. I certif	y that I taak charg	e of the rem	ains described oba	ve, he	ld an Autapsy 🗷 ,	Inspection 30%,	Ingu ry 🗫,	ond in my opinion
	deoth result	ted from: Notur	ol couses 🐔], Acc dent [],	Suici	de 🔲, Homicide		uned monner	
	ACTUAL /	1 , .	1 10	1,	1	CHIEF MEDICAL			
	SIGNATURE	residec	Liki	tarelic	/	_ 14 0	ICAL EXAMINER	T - 1	22. DATE SIGNED
	EXAMINER'S NAME (Type)	BENEDICT	SKITAF	RELIC, M.	D.		AL EXAM NER		y 19, 1967
23c	BURIAL CREMATIC			23c. NAME OF CEMETE	RY OR ((County) (State)
	Burial		2,1967			ial Park			Allegany
24	EUNERAL DIRECTO		. (.	ADDRESS	,		BY REG STRAR	25b REGISTRAR'S	SIGNATURE
1		1			-	DATEF	B 2 3 196	7 Holien	Vila vardaz
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PHYSICIAM:

ATTENDING

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institut a. COUNTY b. COUNTY a. STATE ALLEGANY MARYLAND ATTEGANY b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 3 Weeks CUMBERLAND CHARRELLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 8. IS RESIDENCE ON A FARM? d. STREET ADDRESS No.X 582 YES . HEART NAME OF First Middle 4. DATE Month Day Year Last DECEASED DF DEATH (Type or print) 67 RROTEMARKT.E 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR IF UNDER THE HRS. 5. SEX DATE OF BIRTH 9. 7. MARRIED T NEVER MARRIED last birthday) | Months ! Days Hours WIDOWED DIVORCED 0-22-00 D 354 ... 10 10a. USUAL OCCUPATION (Give kind of work done) 106, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A Retired Clergyman 13. FATHER'S NAME Rhoda Shoemaker Lloyd Weller 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) 21.6-22-61*1*1/1 No PT 15 18. CAUSE OF DEATH [Enter only one cause per/line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) WAS AUTOPSY PERFORMED? NO X 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 12De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work p.m. 19 66 21. I certify that (I) (this hospital) attended the deceased from and that death occurred a 5.150M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE MED DIRECTOR PHYS 22d. ADDRESS

removal. P0 20 attending permit. 10 cremation, been signed by the the burial-transit or to burial, cremate the hospital or attending physician. as th has After this certificate hid be detached for use e State Dept, of Health i for use Health use retained by director, page 3 should should be filed with the Page 4 may

CERTIFICATION

MEDICAL

22c. PHYSICIAN'S NAME_(Type) 23a.

REMOVAL (Specify)

Buria.

24. FUNERAL DIRECTOR

BURIAL, CREMATION, 235. DATE THEREOF 67

Hillcrest Burial Park ADDRESS

NAME OF CEMETERY OR CREMATORY

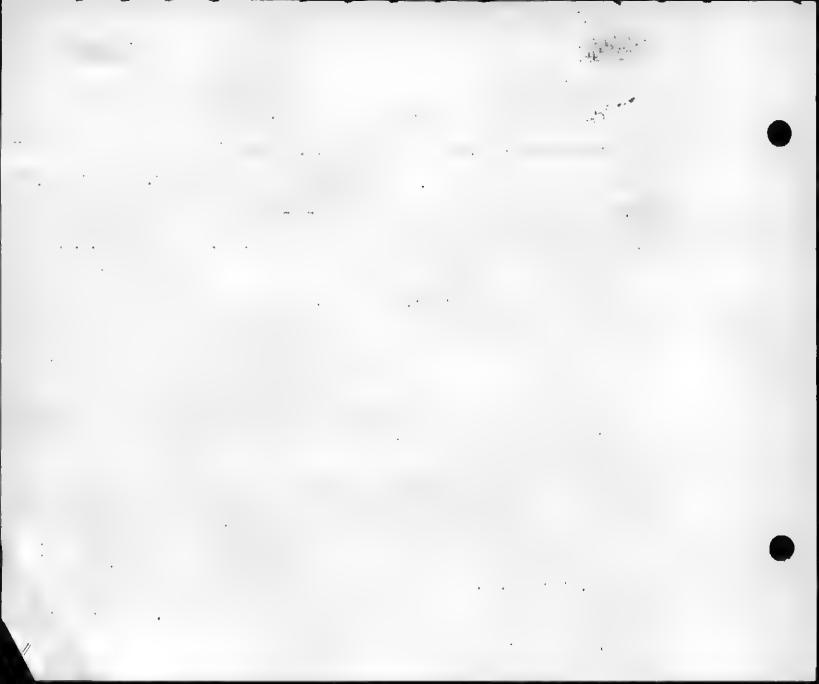
LOCATION (City, town or county) Cumberland Allegany

(State)

Md REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE

Cumberland Maryland 21502 H. Lee Silcox

VR A15 (4) 1/65

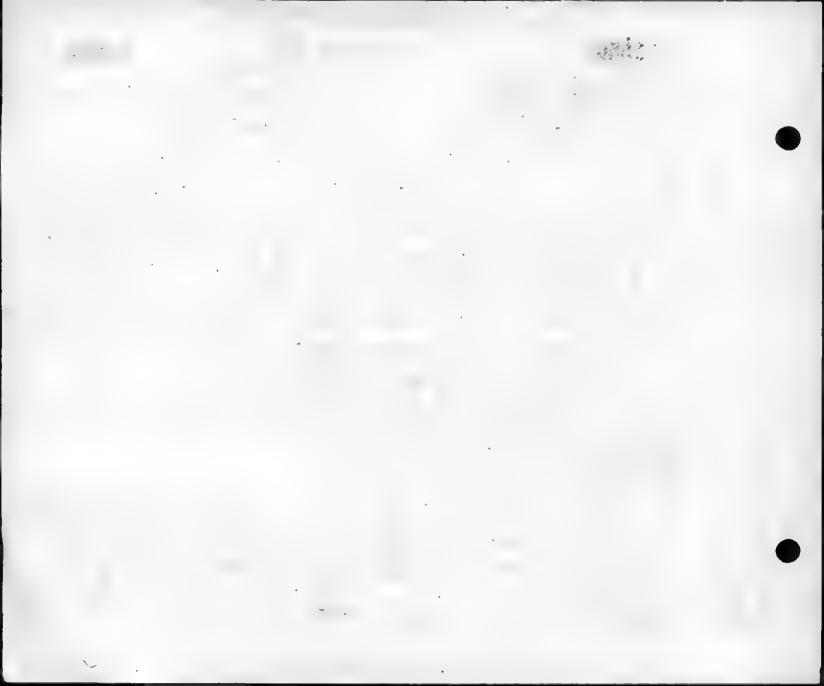


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission b. COUNTY MARYLAND CLENGTH OF STAY IN 15 (If auts de carporate limits, c. CITY OR TOWN (If autside corparate 1 mits, write RJRAL and give nearest tawn) e IS RES DENCE d NAME OF HOSPITAL TUTION (If pat in haspital, give street address d. STREET ADDRESS NAME OF Last DATE IManth. Day Year DECEASED OF DEATH Type or print YEAR COLOR ALL NEVER MARRIED (In years IF UNDER 24 HR birthday) Manths Days Haurs WIDOWED DIVORCED 0 Toa USUA, OCC. PAT ON (Give k no of wars during mast of working life Even frethed) KIND OF BUSINESS OR 12 CITIZEN OF WHAT State, or foreign country) **NDUSTRY** 0501 13. FATHER 3 NAME THER'S MAIDEN NAME 14. WAS DECEASED EVER IN U.S. ARM D FORCES? 16. SOCIAL SECURITY NO INFORMAN (Yes, na, ar unknown) (If yes give war ar dates at service NTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per linkfor (a), and (c) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO Conditions, if any, which gave rise to immediate cause (a), **DUE TO** stating the underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? NO 20g ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTR BUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM NER MEDICAL 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form (City or town) (County) (State) Haur a m. factory, street, office bidg, etc.) Nat While 19 at wark at work I certify that (1) (this hospital) attended the defeased from M, fram causes and an the date stated above. and that death accurred at sow the deceased dive 22d SGNATURE 22b. DATE SIGNED ATTENDING STAFF M.D. PHYS DIRECTOR BHYS. 22d ADDRESS PHYSICIAN NAME (Type) 23a. BUR AL CREMATION DATE THEREOF 23€ NAME OF CEMETERY OR ANGMATORY 23 d LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) F_NERAL-DIRECTOR **ADDRESS** 2So REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

executed within 24 hours after death. funeral 1 and 2 ter death ve carbon papers. Pages 1 event, within 72 hours after by the f Pages Ξ tampletely filled in remaye and in any attending physicián and permit Then please ren requires that the death certificate be signed by the attending physical burial-transit permit. Then planning burial, cremotion, or remayal, by the haspital ar attending physician **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. at Health priar ta ATTENDING be retained Roge 4 may

20 M 1/66

VR A15 (4)



and campletely filled in by the funeral remaye carbon papers. Pages, Fand-2 only event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. QA TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please, should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and it Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66

01548		CERTIFI	CATE	OF DEATH		01545
1 PLACE OF DEATH 0. COUNTY	Allegany	MARYL	AND		Where deceosed lived, f institution b. COUNT	
Cumber 1	If outside corporate limits, digive peacest town)	c. LENGTH OF STAY IN 6/29/195			tside corporate limits, write RUR	-11
	AL OR INSTITUTION (If not in his County In			d STREET ADDRESS		e is residence on a farm? yes No sy
3 NAME OF DECEASED (Type or prent)	Cather	ine J.		rigan	OF Februs	ry 16, 19 67
S SEX Fomale	2.72 2.1 .	ARRIED NEVER MARRIED DOWED DIVORCED		7/9/1869	9. AGE (+n years last b rthday) 97 yrs	Months Doys Hours Min
100 USUAL OCCUPATION during most of working House ke	(Give kind of work done life, even if retired) OPO T	10b KIND OF BUSINESS OR INDUSTRY		Corrigan	& State, or foreign country) ville, Md.	TOUNTRY? A.
13. FATHER'S NAME	Matthew Cor	_			Garvy	
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U.S. ARMED FOR CES? (If yes give wor or dotes of servi	16. SOCIAL SECURITY NO.	17 I	NFORMANTP.O.B.	ox 599, Cumb ounty Infirm	erland, Md. nary records.
Conditions, if ony rise to immediate stating the under last.	which gove couse (o), rlying couse (c) (c)	Deligreous.	re ee	abor degle wood Res	general ,	INTERVAL BETWEEN ONSET AND DEATH 19 WAS AUTOPSY PERFORMED?
	S UMDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205 DESCRIBE HOW INJURY OCC	TURRED.	(Enter noture of injury in	Port or Port II of item 18.)	AES NO L
21. I certi	URY Month, Day, Year m. 19 Ify that (I) (this haspital eceased alive an 2/1) Molecular	While of work of work of work of work of work of work	facto	at 2:25 A ATTENDING PHYS. 22d. ADDRESS	9 55, ta 2/16/	(County) (Stote) , 19.67, that (I) (we) last and an the date stated above 22b. DATE SIGNED 2/16/1967 erland. Md.
230. BUR.AL, CREMATIC PMOVAL (Specify 24 FUNERA) DIRECTO	DA, 23b. DATE THEREOF	23c NAME OF CEMEN	ERY OR	CREMATORY CANAL	23d LOCATION (City or Tov	(County) (Stote)
Laura	Alein An	uc. (emb. 1	11/1	X, DATE	B 2 0 1967 🔑	Clientes Puede

1.9 -

TO HOSPITAL

death. Page 1

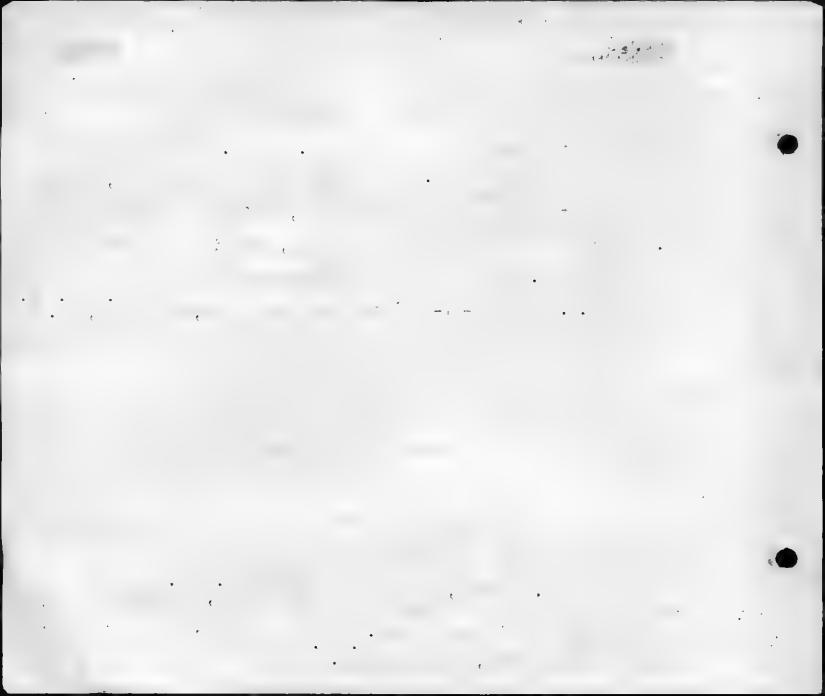
De ratained by the hospital or attending physician.

TO FUNERAL DIFFCTOR: After this certificate has been signed by the attending physician.

TO FUNERAL DIFFCTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 7/61

	DIVISION OF STATISTICAL RESEA	ARCH AND RECORD	S, 301 W. PRESTON STREET, BAL	TIMORE 1, MARYLAND
=	01549	CERTIFICA	TE OF DEATH	01546 _
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased live	
_	Allegany	MARYLAND	* STATE Maryland b.	Allegany
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	C LENGTH OF STAY IN IL	c. CITY OR TOWN (If outside corporate limits	, write RURAL end give neerast town)
	Cumberland	1 Year	Cumberland	
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, g.va street eddrass)	d. STREET ADDRESS	a 15 RESIDENCE
3.	32½ West 1st Street NAME OF DECEASED (Type or print) George	Middle S •	OF +	ON A FARM? YES NO M Month Day Year
5	0		r e.g.	ruary 8, 19 67
1	7. MARRIE	D X NEYER MARRIED	. last berth	years If UNDER I YEAR IF UNDER 24 HRS. day) Sapriths Days Hours Min.
-	Male White widows			day) Months 1 Days Hours Min.
10	a USUAL OCCUPATION (Give kind of work 10b. Klone during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 33. BIRTHPLACE (County & State, or foreign co.	untry) 12 CITIZEN OF WHAT COUNTRY?
	Ret. Dective		Atlanta, Georgia	USA
	Coomes W. Coo			
15	George W. Cox . WAS DECEASED EYER IN U.S. ARMED FORCES? 16.		Florence Perry	
] iğ	as, no, or unkown) (Hyas give were idetas of service)	SOCIAL SECURITY NO. 17, 1	INFORMANT	ddress 323 W. 1st. St.
		6 5- 01-7388 №	rs Inez Bohrer Cox.	Cumberland. Md.
		ine for (e), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	dente C	oronary Thron	choses Chent
	4701 DUE TO	0,		
	Conditions, if any, which \ (b)	Interio	selevoro	7 2 yra
	gave rise to immediate cause			£ 16
	(a), steting the underlying DUE TO causa last.			
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CON		OT RELATED TO THE TERMINAL DISEASE CONDITION THE TERMINAL DIS	PERFORMED?
0				
MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. Hour a.m. While at work	Not White fact	CE OF INJURY (Home, farm, 20f. (City or town) ory, street, office bldg., etc.)	(County) (State)
	21. I certify that (I) (this hospital) attend	ted the deceased from	Clex. 15 196 \$ 10. The	4. 8. , 196 7 that (1) (we) last
	saw the deceased elive on		MILATI	
	228 SIGNATURE	19.98.92, end that	death occured erM, from the cau	
	228 SIGNATOR	514	ATTENDING MED STAFF	22b DATE SIGNED
	eceryci do	M M	D PHYS. DIRECTOR PHYS.	11/6/
	22c. PHYSICIAN'S NAME (Type)	act+ MD	22d. ADDRESS 236 Va. AV	re.
_	Clay E. Durr	rett, MD	Cumberland. N	Maryland
23	a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (CI	ty, town or county) (Stefa)
	Burial 2/10/1967	Woodrow Cem		West Virginia
24	FUNRAL ORECTOR'S AUGILIANS	ADDRESS	W. Va 250. REC'D BY REGISTRAR 256	7 REGISTRANS S GNATURE
1_	Johnson/Funeral Homes	s, Berkeley	Spgs. DATE FEB 14 186	

MARYLAND STATE DEPARTMENT OF HEALTH



VR A15ME (5)

5 may be in FO FUNERAL Health or in

ACTUAL

EXAMINER'S

NAME (Type) 230 BURIAL CREMATION.

24. FUNERAL DIRECTOR

REMOVAL (Specfy)

delay

in pencil

This certificate should III executed within

O DEPUTY

certificate, writing the word

Feb.6,1967 Sunset Memorial Park

23c. NAME OF CEMETERY OR CREMATORY

Benedict Skitarelic, M.D.

23b DATE THEREOF

James F. Scarpelli, Cumberland, Md.

Cumberland, Md. Allegany 25o. REC'D BY REGISTRAR

23d LOCATION (City or Town)

ASSISTANT MEDICAL EXAMINER

Address (Street, city, town or county)

DEPUTY MEDICAL EXAMINER

25b REGISTRAR'S SIGNATUR

(County)

(County)

Allegany

12 C.T.ZEN OF WHAT COUNTRY?

Sister

e IS RESIDENCE

ON A FARM?

IF LINDER 24 HRS

Hours

ONSET AND DEATH

19 WAS AUTOPSY PERFORMED?

(Stote)

and in my apinian

22 DATE SIGNED

NO 🛪



b

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01551 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) I. PLACE OF DEATH a. COUNTY b. COUNTY Marvland Allegany Allegany MARY, AND b CTY OR TOWN (If outside carparate imits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate rimits, write RURAL and give nearest tawn) write RURAL and give necrest town) L Days Frostburg Mt Savage e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Miners Hospital NO Se 3. NAME OF Middle 4 DATE Month First Last DECEASED David February 19 67 Crumo DEATH (Type or print) YEAR IF UNDER 24 HRS S SEX B. DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) 76 yrs. Manths Days Haurs Male Whi.te November 20.1890 WIDOWED D VORCED 12 CIT ZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most af working life, even if retired)
Retired Employee— Kellv Allegany Co Maryland Tire Company 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Crump Margaret Brode 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) 17. INFORMANT 16 SOCIAL SECURITY NO. Box 221 Mt Savage, Md Yes Mrs. Belva Crump INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying couse last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO P -arme 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc. Hour o.m. 21. I certify that (I) (this haspital) attended the deceased fram 1967, ta 19 67, that (I) (we) lost 19 67, and that death accurred at 1.454M, fram causes and an the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED DIRECTOR PHYS. ADDRESS 22c PHYSICIAN'S NAME (Type) 21532 BROADULAY -23a. BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 2/25/67 Mt Savage Methodist Cem Mt Savage Allegany Maryland 25b. REGISTRAR'S SIGNATUR ADDRESS 24. FUNERAL DIRECTOR H. Lee Silcox Cumberland Maryland 21502

ompletely filled in by the funeral ve carbon papers. Pages 1 and 2 event, within 72 haurs after death: be executed within 24 hours after death. ond in any ATTENDING PHYSICIAN: The law mayines that the depth certificate buriol, crematian, or removal, g prv Then signed by the buriol-transit p O HOSPITAL OR ATTENDING PHYSICIAN: The law mquires the Page 4 may be retained by the haspital or attending physician. director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to hos this certificate TO FUNERAL DIRECTOR: VR A15 (4) 20 M 1/66 · · 1¹⁰ 1/2

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		01552	CERTIFICATE		01	549
4		LACE OF DEATH		2 USUAL RESIDENCE (WI	here deceased lived if institution Reside	ence befare admission)
	0	ALLEGANY	MARYLAND	a STATE MARYL	AND 6 COUNTY AL	LEGANY
	Ь	CITY OR TOWN (if outside corporate limits,	CLENGTH OF STAY IN 16	, ,	side carparate limits write RURAL and g	
		CUMBERLAND	2 HRS.		GREEN, CUMBERLAI	
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give	ve street oddress)	& STREET ADDRESS C		B IS RESIDENCE ON A FARM?
		MEMORIAL HOSPITAL		140 🕮	DRIVE	AE2 NO
		NAME OF BOLD FIRST	Middle	Lost	4. DATE Month	Doy Year
	(Type or print) JHDV DO	V A	CURRENCE	DEATH PEDRUARY	7 19 67 R T YEAR IF UNDER 24 HRS.
	5 5			DATE OF BIRTH	2 HRS/rs OLD	
	100	MALE WHITE WIDOWED [JUNE OCCUPATION (Give kind of work done 10b. KIN]	D OF BUSINESS OR	2-7-67		CITIZEN OF WHAT
			STRY	CUMBERLAN		OUNTRY?
	13	FATHER'S NAME		14. MOTHER'S MAIDEN NA		U. J. H.
		WILLIAM W. CURRENCE			ETTE, JANET M.	
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SC	OCIAL SECURITY NO 17 II	NFORMANT	Address	
	(Yes	s, na ar unknawn) (If yes give wor or dotes af service)	M	EMORIAL HO	SPITAL, CUMBER	LAND. MD.
	Т	18. CAUSE OF DEATH (Enter only one couse per one for (1	7 1	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	A. Wan I	Web.	Communo	ONSET AND DEATH
		DUE TO	And			
		Conditions, if ony, which gove is to immediate couse (a),	KINDROW	/		
	ı	stoting the underlying cause DUE 10	/			
		last (c)				19 WAS AUTOPSY
z	0.0%	PART H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONE	DITION GIVEN IN PART 1(0)	PERFORMED?
>	CERTIFICATION	2nd Town Fodal	CRIBE HOW INJURY OCCURRED.		and the Perk III of them 18 \	YES MO
	ER	OR CONTRIBUTING CI CAUSE OF DEATH	KIBE HOW INJURY OCCURRED. (Enter noture at injury in r	or tor rort the or mem to.)	
	3	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJ	URY OCCURRED 20e, PLAC	E OF INJURY (Home form,	20f. (City or town) (C	ounty) (Stote)
	MEDICAL	Hour a m. While	Not While focts	rry, street, affice bldg., etc.)	Ass. (city of favor)	(51015)
		21. I certify that (I) (this hospital) ottendo		19	6:400 P.M), that (I) (we) last
	- 1	saw the deceased olive on G	19, and that	deoth occurred at_	M, from causes and on	
	- 1	220. SIGNATURE	10 111	ATTOMAS	22b	DATE SIGNED
	-1	(11161	Jeh III MC	ATTENDING PHYS.	MED STAFF DIRECTOR PHYS. D	-8-67
	-	22c. PHYSICIAN'S NAME (Type)	COS PIN	22d ADDRESS	DIAMP ND	
-7	_	NAME (Type) DR. AMERY CO T	VALUES	COMBE	RLAND, MD.	
	230.	BUR AL, (REMATION) 23b DATE THEREOF	23c NAME OF CEMETERY OR C		23d LOCATION (City or Town)	(County) (State)
		BUR AL (REMATION) REMOVAL (Specify) 23b DATE THÉREOF 2-10-47 FUNERAL DIRECTOR	23c NAME OF CEMETERY OR C Momorial Hos	pital	23d tOCATION (City of Town) Cumberland, Alle BY REGISTRAR 25b REGISTRAR 25c REGISTRAR 25	gany. Marylan

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transk pertain. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, cremation, or removal, and in any event, within 72 haurs after deptin. VR A15 (4) 20 M 1/66

5 L. 4 4 to

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

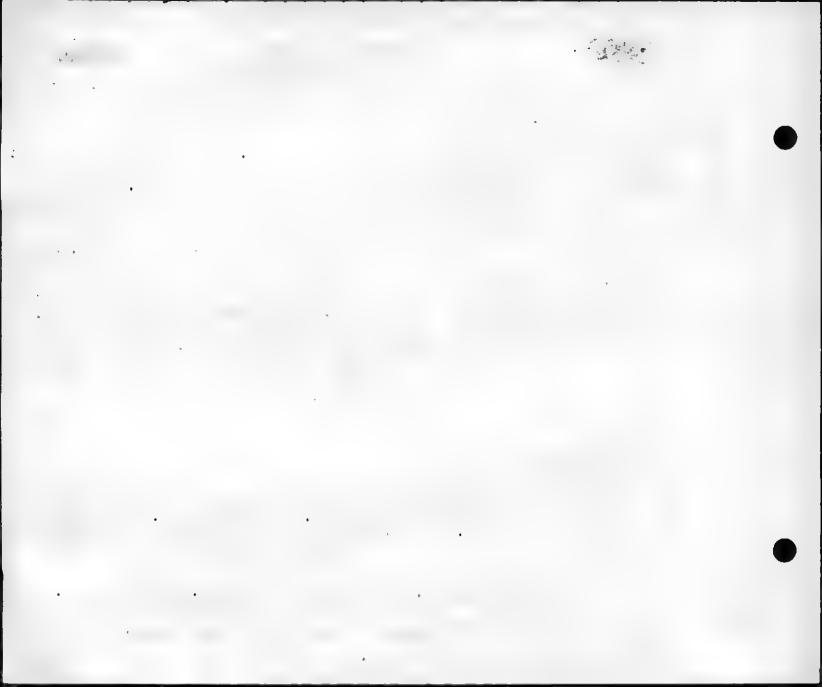


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

015	53			CE	RTIFICA	TE	OF DEATH				0155	
1. PLACE OF DE	ATH						2 USUAL RESIDENCE (Where dec			Residence befor	e odmission)
o. COUNTY		Alle	egany		MARYLAND			yland	4	o. COUNTY		Legany
b. City OR TO	bistup II) NWC	e corporate limit	is,	c. LENGTH O	F STAY IN 16	J	c. CITY OR TOWN (If oc	itside corp	orote limits, w	rite RURAL o	and give neores	it town)
Write KUK	AL and give n	orest lown) cumber la	and	3	months	3	Cuml	berla	and		01	-
d NAME OF F	OSPITAL OR I	NSTiTUTION (if n	ot in hospital	give street oddr	ess)		d STREFT ADDRESS					e IS RESIDENCE
	Sylv	van Reti	reat				18 1	A. Fi	irst St	reet	-	ON A FARM? YES NO X
3 NAME OF		F	ırst	Mic	ldle		Lost	4. DAT	E	Month	Doy	Year
(Type or prin	1)	Ir	nez				Dawson	OF DEAT	TH	Feb.	20	19 67
S SEX		OR OR RACE	7 MARRIED	NEVER	MARRIED	8	DATE OF BIRTH	<u> </u>	9. AGE (In y		UNDER 1 YEAR	IF UNDER 24 HRS.
Fema	ale V	Mhite	WIDOWE	Z	IVORCED 🗍		4/22/72		lost birth	doy) Mi yrs. Mi	onths Doys	Hours Min
100 USUAL OCCU	PAT ON (Give k	nd of work done		KIND OF BUSINES	SS OR		11 BIRTHPLACE (County	& Stote, or	r foreign countr	0	12. CITIZEN OF	F WHAT
during most of wa	orking life, eve. LSCETEC	i fretired) i Nurse		NDUSTRY En	ploye	d	Graf	ton,	W. Va		COUNTRY?	.A.
13 FATHER S NA					<u> </u>	T	14. MOTHER'S MAIDEN	NAME				
A. H	[. (A:	rt) I	Kelly				Su	san I	Keister			
IS WAS DECEAS	ED EVER IN U.S	ARMED FORCES?	16	. SOCIAL SECURIT	Y NO. 1	7. 1	NFORMANT			Address (Frandda	aughter
(Yes, no, or unkn	own) (if yes o	ive wor or dotes	of service)		1	Mr	s. Nina St	rase	r. New			
				pr (o), (b), ond (_	1 0					FRVAL BETWEEN
	I DEATH WAS	CAUSED BY.	(1) 71	Cor A A	8083	0	ha. des	10010	· Bles	, 5	OON OON	ISET AND DEATH
	, t	MMEDIATE CAUSE	10(2) (2)	79-	مين مامام		" ~	ZZE)	4	& CATO	econ p	
Conditions	if ony, which		100000	reci	o Sele	3	one, gue	CH	12 Cil	ERRI	20	
	rediote couse		(b) 3 7	ecel)	40	Н	110000		//			
3	underlying o	ouse	(SEE)	17111	TET		xiles ou	rane	ed !			
lost		,	((7/_/	/1-//	Hee		Part of the state	C KA	7 7	17.1	119	WAS ALTOPSY
공 PARI II. UI	HER SIGNIFICA	NI CONDITIONS	CONTRIBUTING	10 DEVIH ROL	NOI RELATED	10 1	HE TERMINAL DISEASE CO	NUMBER 1	.YEN IN PAKI	1(0)	"	PERFORMED?
200 ACGDE OR CONTRIB											У	ES NO
E 200 ACGDE	NT WAS UNDER BUTING 🗀 CAU:		20b.	DESCRIBE HOW IN	IJURY OCCURR	ED. (Enter noture of injury in	Port I or I	Port II of item	18)		
	NOTIFY MEDICA											
	OF INJURY Mo	nth, Doy, Year		INJURY OCCURR			E OF INJURY (Home, form ory, street, office bldg., etc.		f (City or to	วพก)	(County)	(Stote)
_	p.m.	19	Whi of w	ork 🔲 of worl				Ί.				
21. 1	certify tho	t (I) (this ho	spitol) otte	nded the dec	egsed from	ī	110V. 25	19 66	to_Be	b. 20	, 19 67, 11	hot (I) (we) lo
		d olive on_	Feb	<u> 19</u> 19	67, ond	thot	deoth occurred of	<u> 1 A</u>	Δ M, from α	ouses ond	on the dot	te stoted abov
22o SIGN	TURE			-			ATTENDING	MED.	STAF	c	22b. DATE SIGN	NED
	JA 00	DADLOI	va 7	4		M.D	ATTENDING PHYS.	DIRECTOR				
22c PHYS		Carl brok	15/				22d. ADDRESS					
NAME	(Type)	. B. Ma	athews	M.D.			49 Gr	eene	St., C	umber	land, l	Md.
23o BUR AL, CR	EMATION,	23b DATE TH	IEREOF	23c NAME	OF CEMETERY	OR 6	CREMATORY	23d	LOCATION (Cit	y or Town)	(County	(Stote)
BUT 1		Feb.2	2.196	Rock	WOOR (701	netery	Ro	ckwood	De		
24. FUNERAL D	IRECTOR			ADDR	RESS	- 61	2So REC	D BY REGI	ISTRAR	25b. REGIST	RAR'S SIGNATU	RE
James		arpell	i. Cui	nberlan	d.Ma.		NATEF	B 2 9	1967	yel	warefan i	- war

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and came etely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove tarban papers. Pages 1 and 2 should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

10 HOSPIT*! OR ATTENDING PHYSICIAN: The taw requires that the death certificate be executed within 24 hours after death.



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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

~	01554	CERTIFICAT	TE OF DEATH	01551
1.	PLACE OF DEATH			d, if institution: Residence befare admission)
	o. COUNTY ALLEGANY	MARYLAND	O. STATE MARYLAND	ALLEGANY
	b CITY OR TOWN (If gutside carparate limits.	C. LENGTH OF STAY IN 16	c CITY OR TOWN (If autside carparate limit	
	write RURAL and give negrest tawn)		i i	
-	CUMBERLAND	3 DAYS	d STREET ADDRESS	L e 15 RESIDENCE
1	d NAME OF HOSPITAL OR INSTITUTION (If not in		_	ON A FARM?
	MEMORIAL HOSPI	<u>ral</u>	1109 VIRGINIA	AVE, YES NO X
3.	NAME OF First	Middle	Lost 4. DATE	Manth Day Year
	DECEASED (Type or print) ROBERT	1. [EATELHAUSER DEATH	FEBRUARY XB 199 67
5		MARRIED NEVER MARRIED	B DATE OF BIRTH 9 AGE (In years IF LNDER 1 YEAR IF LNDER 24 HRS
	MALE WHITE "	/IDOWED DIVORCED	8-25-1888 78	brthdoy) Months Days Haurs Min
100	USUA, OCCUPAT ON (Give kind of work done	10b KIND OF BUSINESS OR	11 BIRTHPLACE (Caunty & State, or foreign co	untry) 12 CITIZEN OF WHAT
dul	ring most of working life, even if retired) Retired	Municipal	MARYLAND-CUMBI	ERLAND COUNTRY'S. A.
13	FATHER S NAME		14 MOTHER'S MAIDEN NAME	
	JOSEPH DEATELHAUS	SER	JENNIE VALENT	INE
15	WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT	Address
(Y	es, na, ar unknown). ((If yes give wat or dotes af sen	/ice)	MEMORIAL HOSPITAL	MEMORIAL AVE
	no	- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	WEWORIAL HOSFITAL	INTERVAL BETWEEN
	18. CAUSE OF DEATH (Enter only one couse per PART 1. DEATH WAS CAUSED BY:	Creme for (a), (b), and (c).)		- ONSET AND DEATH
	/// / IMMEDIATE CAUSE (a) _			Mulecur
	DUE TO	be pleased		auber.
	rise to immediate cause (a), (b)	a fili es se	Justice,	The way
	storing the underlying cause DUE TO	D. Jane	la m	a. be-
	last. (c)_	areas	20 40 21	
2	PART II: OTHER SIGNIFICANT CONDITIONS CONTR	IBLTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART I(a) 19 WAS AUTOPSY PERFORMED?
0.TA				YES NO
CERTIFICATION	20a ACCIDENT WAS UNDERLYING	205. DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Port 1 or Part II of it	
CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
B	20c TIME OF INJURY Month, Day, Year	20d INJURY OCCURRED 20e P	LACE OF INJURY (Hame, farm, 20f (City)	or town) (County) (State)
MEDICAL	Hour a.m.	While Not While for	octary, street, affice bldg., etc.)	, (),
-	Dar File	at wark — ot wark —	-// 10 10 4 / to	3/15/ 10/27 4 - 1/11/11
	21. I certify that (I) (this haspita saw the deceased alive an	i) diffended the deceased fram_		1967, 1967, that ((i) (we) last a causes and an the date stated above.
	sdw the decedsed drive dn.	19.07, and II	iai dediri accorred diM, iran	1 capses and an the date stated above.
		un	ATTENDING MED S	STAFF 6 2/24/67
	22c PHYSICIAN'S		22d. ADDRESS	
	NAME (Type) DR. S. G.	. WEISMAN	CUMBERLAND	MD.
23	o, BURIA, CREMATION. 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY 23d LOCATION	(City or Town) (County) (State)
	REMOVA (Specify) Feb. 22,1			land, Md. Allegany
-	4 FUNERAL DIRECTOR	ADDRESS	250 REC'D BY REGISTRAR	25b REGISTRAR'S SIGNATURE
J "	James F. Scarpelli.		DATE B 2 4 196	001 1 0
	oamen r. nearherit,	camperiana,Md.	DAIL FOR A 190	

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by in catending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit pechit. Then please remove carbon papers Pages 1 and 2 shauld be filed with the State Dept of Health priar to burial, cremation, or removel, and in any event, within 72 haurs after death

VR A15 (4) 20 M 1/66

	MAKTLAND STATE DEPARTMENT OF HEALTH
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2
01555	CERTIFICATE OF DEATH

_	01000								- A	121	-0-			
	PLACE OF DEATH O. COUNTY Allegany			MARYLAND		2 USUAL RESIDENCE (Where deceased lived, f institution Resident Scient) a STATE Maryland b (OUNTY Allegany								
b	CITY OR TOWN (if autside carparate limits,		c LENGTH OF STAY IN 16 2 yrs.		CHTY OR TOWN (IF o		rote limits, write R						
	"Lio Had or	give nearest town)				Westernport				. 1. 1				
d	NAME OF HOSPIT	d STREET ADDRESS				e IS RES DENCE ON A FARM?								
	Kyle Nu	102 Main St.				YES NO R								
	IAME OF ECEASED	William		Middle Oscar		Last			anth Day			Year		
(Type or pont)					Droege	DEAT		4	. Land	19 (
5 5	Male	White	MARRIED (IDOWED	NEVER MARRIED DIVORCED		an 3, 1886		9 AGE (n years birthday) yrs	IF JNDER Months	Doys	IF UNDER Hours	Min Min		
10a durir	USUAL OCCUPATION of marking Machinis	(G ve kind af wark dane life, even if retired)		ND OF BUSINESS OR DUSTRY ail Road		BIRTHPLACE (Count		areigh country)		IZEN OF				
13.	3. FATHER'S NAME Droege 14. MOTHER'S MAIDEN NAME ROSE Rust													
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16	OCIAL SECURITY NO	17 1	NFORMANT			ress					
{1 es	110 at nukudatu)	(If yes give war ar dates of serv	to Preege Cumberland, Md.											
	IB CAUSE OF DE	EATH (Enter only one couse pe	101		_			ERVAL BETY SET AND D						
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Myocardial Sochemic										JEI MAD D	EATH		
	Canditions, if any, which gave) (b)													
- 1	rise to immediate cause (a),													
	tstating the underlying cause DUE TO													
ŀ		GNIFICANT CONDITIONS CONTR	BUTING T	O DEATH BUT NOT RELA	ATED TO T	HE TERMINAL DISEASE CO	NDITION GIV	(EN IN PART 1(a)		19	WAS AUTO	PSY		
ATTO		-									PERFURME	D?		
CERTIFICATION	20g ACCIDENT WAS	S UNDERLYING CAUSE OF DEATH	205 DE	SCRIBE HOW INJURY OC	CURRED (Enter nature of injury in	Port 1 or Po	ort II of item 1B)						
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)								<u>-</u>				
MEDICAL	20c TIME OF INJU Hour a.n p.n	10	20d IN While at wark	JURY OCCURRED Not While at work		E OF INJURY (Hame, fari ary, street, affice bldg , etc		(City or town)	(Cat	inty)	(:	State)		
	21. I certify that (I) (this haspital) attended the deceased fram													
	saw the deceased alive an													
	22a. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED 2. (9-6)													
	22c PHYSICIAN'S Leslie R. Miles 22d. ADDRESS Lonaconing, Md.													
23a	BUR AL, CREMATIO		23c NAME OF CEME					own)	(Caunty)) (St	ate)			
	BANDA F (Solata)	1 / 1/ 01	Oakland,	Cem.	ma Oakland Garrett Md.									
24	FUNERAL DIRECTO	R		ADDRESS Westernp		* * -	D BY REGIST		REGISTRAR'S SI	GNATUR	E Care	1-		
	4 Ja			"da catub	OLL,	MICL DATE	FFB 9	1967	1	7 (,10)	(I) JI - W			

f . .

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01556 OF DEATH CERTIFICATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o. COUNTY b. COUNTY ALLEGANY ALLEGANY MARYLAND MARYLAND b CITY OR TOWN (If autside corparate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give negrest town) BARTON CUMBERLAND DAYS d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO X CHMBERLAND MEMORIAL 3. NAME OF Middle Last 4 DATE Month Year DECEASED FEBRUARY DYE 1967 KATHLEEN (Type or print) DEATH S SEX AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH last birthday) Days Hours WIDOWED DIVORCED FEMALE WHITE 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY S BARTON. MD. 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME FOUT? FLLA FILLS JAMES DYE IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no or unknown) (If yes give wor or dates of service CUMB. MD. 18. CAUSE OF DEATH (Enter only one cause per line for, (a), (b), INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave nse to immediate couse (a), DUE TO stating the underlying cause last WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO. 20a ACCIDENT WAS UNDERLYING [205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I at Port II af Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MED CAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour om. factory, street, affice bldg . etc.) Not While 19 at wark at wark 21. I certify that (I) (this haspital) attended the deceased fram M, from cause and on the date stated above. and that death accurred at saw the deceased alive an 22m STGNATURE DATE/SIGNED. 22b ATTENDING PHYS DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S GREENE ST NAME (Type) DR. S. G. WEISMAN 230 BURIAL, CREMAT ON DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 8/67 REPOYAL (Spellify)

O FUNERAL DIRECTOR: After this director, page 3 should should be filed with the VR A15 (4)5 20 M 1/66

executed within 24 hours ofter death

requires that the death certificate be

by the nospital or attending physician.

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Dept. of Health

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24. FUNERAL DIRECTOR

Westernport, Md.

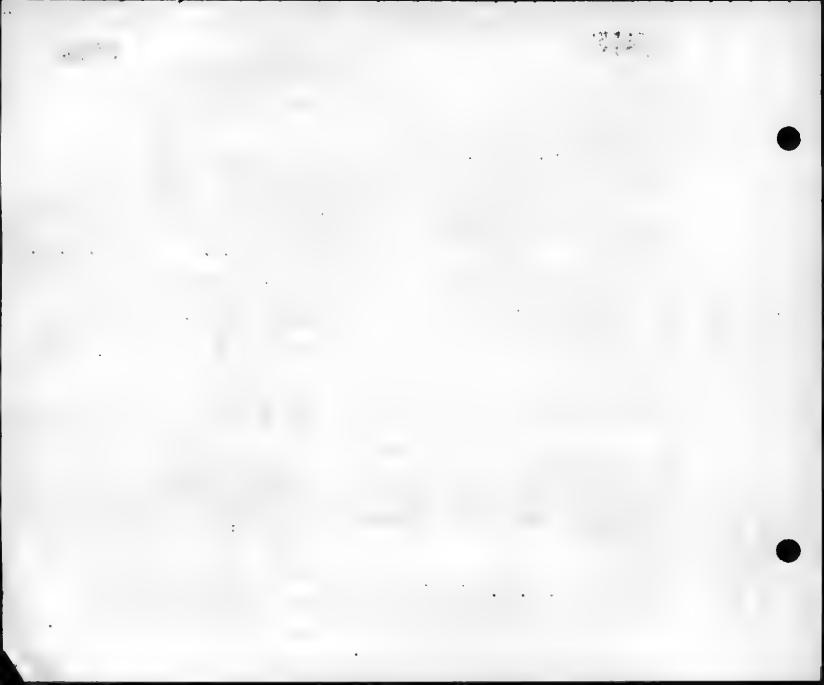
Laurel Hill

ADDRESS

Moscow Mills 2So REC'D BY REGISTRAR

25b REGISTRAR'S SIGNATURE

Md.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01557

CERTIFICATE OF DEATH

01554

PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)									
o. COUNTY Allegany MARYLAND	o STATE Md. b. COUNTY Allegany									
b CITY OR TOWN (If outside corporate limits, LENGTH OF STAY IN 16	c (ITY OR TOWN (if autside carporate hmits, write RURAL and give nearest town) McOoole -rural									
write RUPAL and give nearest town 10 Yrs										
d NAME OF HDSPITAL OR INSTITUTION (If not in haspital, give street address)	d STREET ADDRESS e IS RESIDENCE ON A FARM?									
R.D. 1Westernport	R.D. 1 Westernport YES NO X									
3. NAME OF First Middle DECEASED (Type or print) Kenneth Clark Fi	Lost 4. DATE Month Day Year OF DEATH Feb. 21 1967									
5. SEX 6 COLDR OR RACE 7 MARRIED . NEVER MARRIED	B DATE OF BIRTH 9 AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Months Days Haurs Min									
Male White WIDOWED DIVORCED	April 24, 1914 See North Doys Hours Min									
10a LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT									
Paper Mill	Allegany, Md.									
13 FATHER S NAME	14 MOTHER'S MAIDEN NAME									
Edwin Fisher	Edith Olark									
(Yes no pri nk nawn) (If yes give war or dates of serv re)	INFORMANT Address									
(Yes, no grunknawn) (If yes give war or dates of service) 217-05-0421 M	adeline Fisher-R.D. 1, Westernport, Md.									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH									
IMMEDIATE CAUSE (a)	offaction months.									
DUE TO X C C I X	n 15									
Canditians, if any, which gave (b) (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	D Man									
stating the underlying cause										
(c)	THE TERMINAL D SEASE CONDITION GIVEN IN PART 140) 19 WAS AUTOPSY									
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	PERFORMED?									
OUT TO THE TOTAL THE TOTAL TO T										
OR CONTRIBUTING CAUSE OF DEATH (If FITHER DOTTIFY MEDICAL EXAMINER)	(בחופה המימופ טו הקטוץ אור ביניי דינו ביניי היינו הפחר וסין									
	ACE OF NURY (Hame form, 20f (City or town) (County) (State) ctory, street, off ce bldg., etc.)									
p.m. 19 atwork atwork										
21 certify that (1) (this hospital) attended the deceased from 1957, 19, to 2-2/-67.19, that (1) (we) lo										
saw the deceased olive on 2-20-67 19, and that depth occurred of 733 M, from causes and on the date stated above										
220 SIGNATURE MED STAFF 22b DATE SIGNED MED PHYS DIPSCTOR D STAFF 2-2/67										
20 BUYGITAN CONTROL OF THE STATE OF THE STAT										
NAME (Type) William W. Lesh Westernport, Md.										
230 BUR AL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR										
Burial (Saecily) 2/24/67 St. Peter	s Westernport Md.									
24 FUNERAL DIRECTOR ADDRESS	250 REC'D 8Y REGISTRAR 250 REG STRAR S SIGNATURE									
Westernport, N	Id. DATEFEB 2 3 1967									

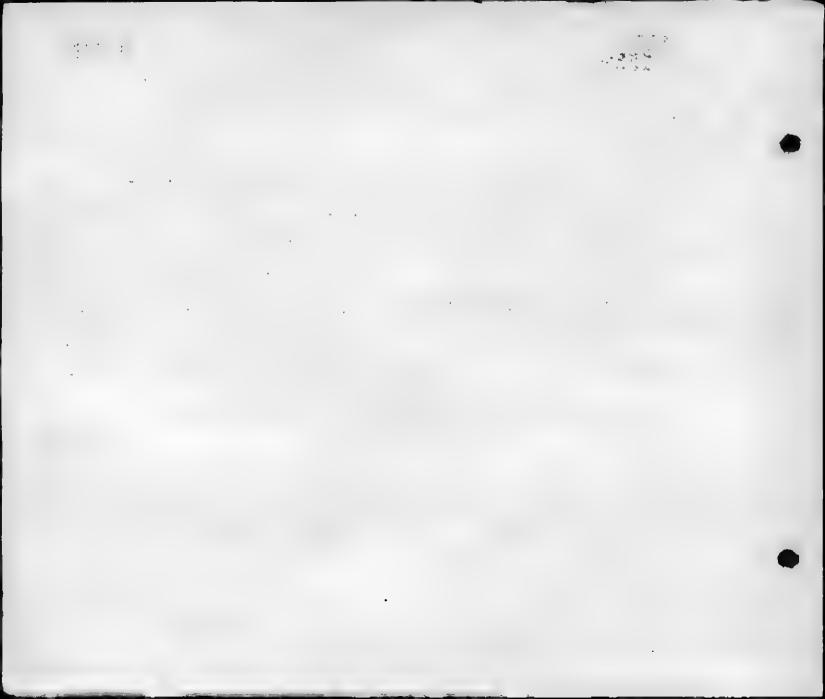
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VR A15 (4) 25M 1/67



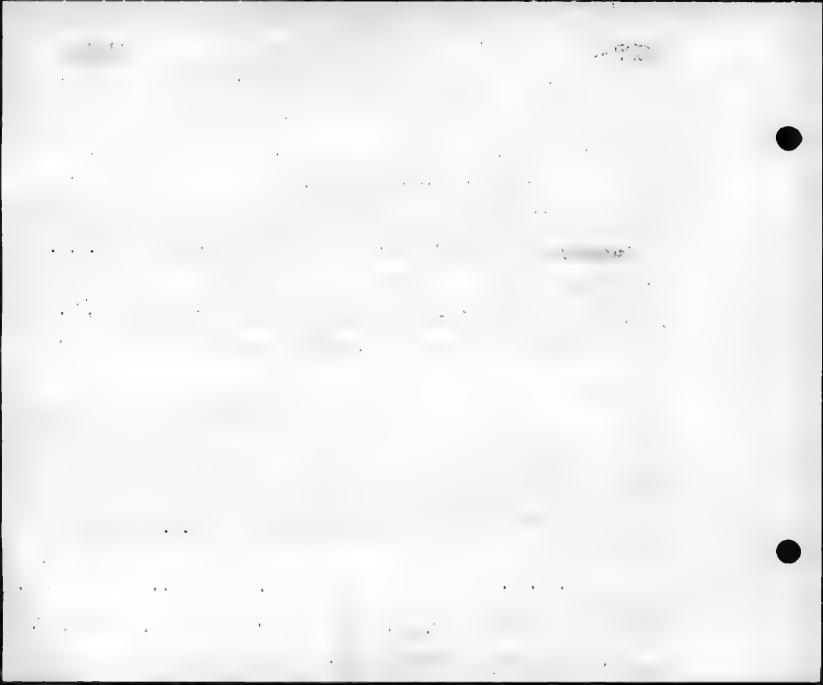
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTI-NORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased livad, If Institution: Residence before admission) e. COUNTY director Page or your fles. **b.** COUNTY RLLEGANY ALLEGANY MARYLAND b. CITY OR TOWN if outside corporate limits, : c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corpora a 1 m Is. with RURAL and give nearest tow write RURAL and give neerest town) LIFE CUMBERLAND CUMBERT, AND
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS S RESIDENCE ON FARM? etained MEMORIAL HOSPITAL ROUTE 2 YES T NO X 3. NAME OF Middle Last 4. DATE Month Yaa DECEASED (Type or print) ROBERT NEEL FLORA FEB DEATH 67 19 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In Years I IF UNDER 1 Y R last birthday) | Months Days MALE WIDOWED | DIVORCED SEPT. 4,1917 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? ' in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page done during most of working life, even if retired) INDUSTRY MARYLAND USA MILL ROOM WORKER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in any EDITH FLORA ELLIS FLORA 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address. (Yes, no, or unkown) [[liyesgivewerordatesofsarvica] ! and MARGARET FLORA, ROUTE 2, CUMBERLAND, MD. 18. CAUSE OF DEATH [Enter only one cause per I na for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE days onld be DUE TO writing the word "pending" in the Chief Medical Examiner's Office Page 3 should be used as a burient to buriel, cremation, o Conditions, if any, which HYPERTENSIVE CARDIOVASCULAR DISEASE gava risa to immediate cause DUE TO (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 1 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18 CAUSE OF DEATH. cale, w. to the Chie, MEDICAL 20c. TIME OF INJURY Month, Duy, Year 20d. NJJRY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f., City or lown, (Stata) While Not While factory, street, office bldg., etc.) at work at work 2) I certify that I took charge of the remains described above, held an Autopsy Inspection X and in my opinion death resulted from. Natural causes XXX Accident Suicide Homic'de Undetermined manner CHIEF MEDICAL EXAMINER lease execu... shou d be for ACTUAL. ASSIST INT MEDICAL EXAM NER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER IX ö EXAMINER'S BENEDICT SKITARELIC, M.D. RT. 9, CHARBERLAND WAND COUNTY please
4 shou
O FUN
Health 220. BURIAL, CREMATION., 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or country) (State) REMOVAL (Specify) ZION MEMORIAL PARK CUMBERLAND, MD. BURTAL 23. FUNERAL DIRECTOR ADDRESS. 24a REC'D BY REGISTRAR | 24b. REG STRAR'S SIGNATURE YR A15ME ≰ BYRON KIGHT CUMBERLAND, MD. 5M 1/62



VR A15 (4) 20 M 1/66

H. Wayne George

Cumberland. Md.

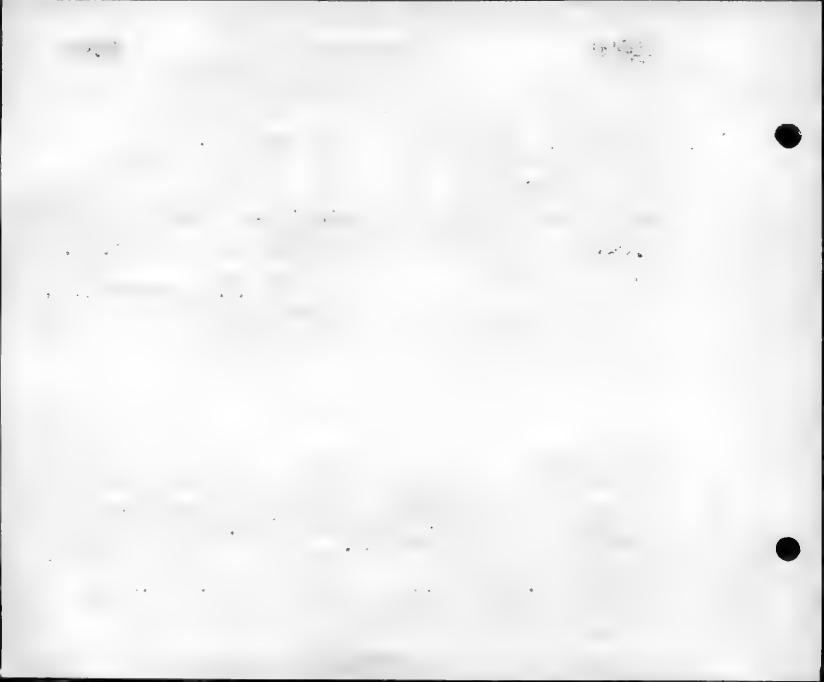


TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

VR A15 (4) 20 M 1/66 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	01560	CERTIFICATE	OF DEATH	01557
	PLACE OF DEATH a. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Where deceose o. STATMaryland	d Ived, if institution Residence before admission) b COUNTY Allegany
	b CITY OR TOWN (If autside carparate limits,	7/16/63	Cumberland	
	Allegany County Ini	aspita give street address)	312 Spruce St Westernport	Maryland e. IS RESIDENCE ON A FARM?
1	3 NAME OF DECEASED (Type or print) Florence	Middle Fo	ster JEATH	Month Day Year 2 14 19 67
)'		THE THE PARTIE AND THE	DATE C BIRTH 9 /17 / 11883	AGE (In ors IF JNDER 1 YEAR IF UNDER 24 HRS. Last oay) Manths Days Hours M.in
	10a USUA, OCC. PATION (Give kind of work done during most of working life, even if retired) HOUSEWII @	106 KIND OF BUSINESS OR INDUSTRY	Longoning. M	COUNTRY?
	Mr. George Ternent		Mary Crowe	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of serv			Box 799 Cumb., Md. Infirmary Records
	18 CAUSE OF DEATH (Enfer only one cause pe PART DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	D. Myscarleli.	. Ohr dence	interval Between ONSET AND DEATH
	Conditions, if any, which gave (b)	arterio Sch	racio & Hay	not lecinery
	stating the underlying couse DUE 10	Dali Okeles	plieles	
d fo	PART II OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE CONDITION GIVEN	I IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO
	200 ACC DENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205 DESCRIBE HOW INJURY OCCURRED. (E	Enter nature of injury in Part I ar Part	If af item 18)
	20c. TIME OF INJURY Manth, Doy, Year Haur a m. 19	While Not While factor	E OF INJURY (Home, form, ry, street, office bldg., etc.)	(City ar town) (County) (State)
	21. I certify that (!) (this haspital saw the deceased alive an	-4/190/19, and that	death accurred at P. M	, fram causes and an the date stated abave
	220. SIGNATURE MCLRACKER	2:00 P.M.		* STAFF 2 2/15/1967
-	NAME (Type) Lee B. Mad			. Cumb., Maryland
0	230 BUR AL, (REMATION, 23b DATE THEREO	67 PHILOS	SEMATORY 23d 100 WE 25g, REC'D BY REGISTR.	
	24 FUNERAL DIRECTOR 12 TO	Westernood	DATE FEB	17 1967 Clearles Judg



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

death

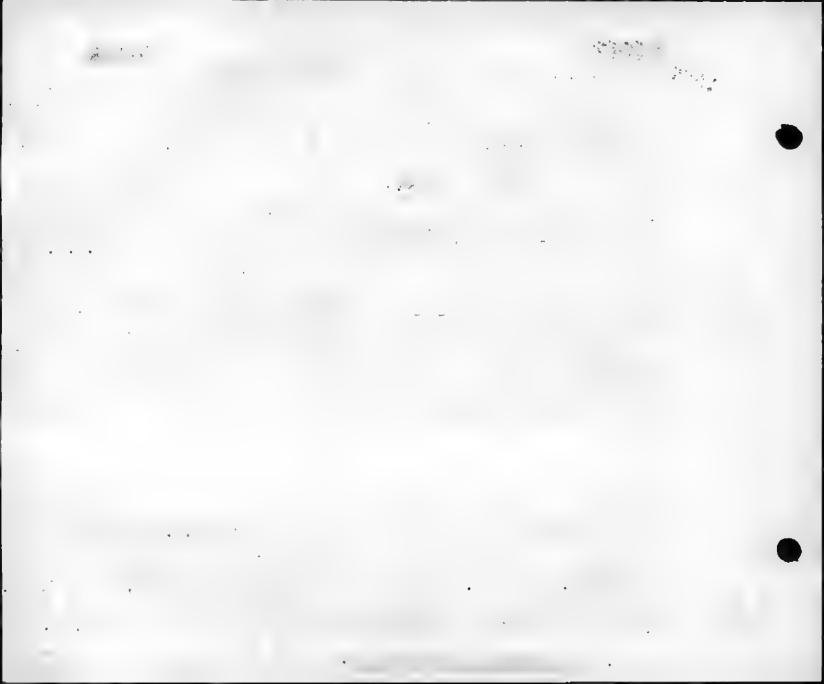
TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after damith

Page 4 moy be retained by the hospital or attending physician

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and coppositely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

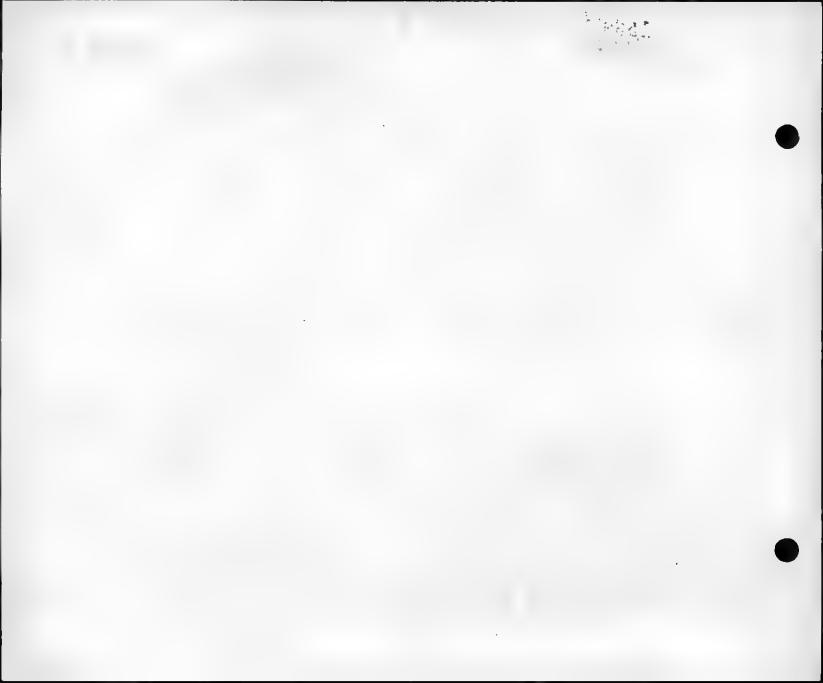
		01561	CERTIFICATE	OF DEATH	0.15	58
1	1 [COUNTY ALLEGANY	MARYLAND		Where deceosed lived, if institution Reside YLAND b COUNTY A	ence before odmission) LLEGANY
	ŀ	o CITY OR TOWN (If outside corporate limits, write CURAL modeline news)	10 DAYS		utside corporate limits, write RURAL and gi SAPTOWN	ve negrest town)
	(MEMORIAL HOSPITAL MEMORIAL		d STREET ADDRESS 205 McMc	ıllen Highway	B IS RESIDENCE ON A FARM? YES NO
	. (NAME OF First DECEASED Type or print) EUGENE		URLOW	4 DATE Month OF FEBRUAR	
	S S	MALE WHITE WIDO	WED DIVORCED	7-18-190	8 lost gerthdoy) Months yrs.	
	dur	ng most of working life, even if MECHANIC	OB KIND OBASRAS GE LING GHT & DECKE	R CUMBE	RLAND, MD.	CTIZEN OF WHAT
		FURLOW, THOMAS			ETH HULL	
	1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (-f yes give wor or dotes of service)		NFORMANT EMORIAL H	OSPITAL - CUMBERL	
		18 CAUSE OF DEATH (Enter on y one couse per lin PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	ne for (o), (b) ond (c))	atori	- Colon, Fung	ONSET AND DEATH
		/ 9 7 / DUE TO Conditions, if ony, which gove (b) (b) (b)			*	
		stoting the underlying couse DUE TO				19 WAS AUTOPSY
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)						
	L CERTIFICATION	20 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Db. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in	Port I or Port N of Item 18)	
	MEDICAL	Hour o m.		E OF INJURY (Heme, forn ory, street, office bldg., etc		county) (State)
		21. I certify that (1) (this hospital) a saw the deceased alive an	ittended the deceased from19and_that	death accurred at	3:25M, Aom Vauses and an	4
		220 SIGNATURE	2 Centry MD	ATTENDING PHYS	MED STAFF 226	DATE SIGNED 2/13/67
	-121	22c. PHYSICIAN'S DR. THOMAS F	LUSBY	932 NAT	IONAL HIGHWAY, [A VALE, MD.
1		BURIAL (REMATION, REMOVAL (Specify) 2/15/67	23c. NAME OF CEMETERY OR C Sunset Memoric	rl Park	23d. LOCATION (City or Town) Cumberland, Alle	
1	24.	FUNERAL DIRECTOR H. Marine George	ADDRESS Cumberland Md.		D BY REGISTRAR 256 REGISTRARS	signature Judge



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

(M)		01562		CERTIFICATE	OF DEATH	n	1559
and		PLACE OF DEATH			2 USUAL RESIDENCE (Where		
l o l		o. COUNTY	n	MARYLAND	a. STATE	b. COUNTY	
the funera ages 1 and s after dea		CITY OR TOWN (if outside corp	arate limits	c LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside o	orporate Lmits, write RURA	ond give nearest town)
Pa		write RURAL and give nearest	town)	, Days	Frostburg	g (Rural)	.r
in b irs.		NAME OF HOSPITAL OR INSTITU	TION (If not in hospito g		d. STREET ADDRESS		e 15 RESIDENCE ON A FARM?
signed by the furnity physician and completely filled in by the fur burial-transit pergit Then please remove carban papers. Pages 1 burial, cremation, ar removal, and in any event, within 72 hours after		.inor's a	_lbsiquo_				YES NO
¥ith Mith		NAME OF	First	Middle		ATE Menth	Doy Year
arb nt, \		(Type or print)	DITH		GARLITZLE	DEATH FLO	10 1967
mpl re c	S	SEX 6 COLOR OF	R RACE 7 MARRIED	NEVER MARRIED	DATE OF BRTH		IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.
2 6 5		7 /	WIDOWED	DIVORCED .	000.15.1000	ALZ	MOGINS DOYS MOGIS MINIC
an and		USUAL OCCUPATION (Give kind of	work done 10b Kii	ND OF BUSINESS OR	11 BIRTHPLACE (County & Stote	e, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
ian	guri	ng most of working life, even if ret	Own	dusiry Home	Finzel, Mo	i.	USA
oly of the	13.	FATHER S NAME			14. MOTHER'S MAIDEN NAME		
hen ye		Julas McKen	zie		Cordell:	ia Hutzell	
ē ē		WAS DECEASED EVER IN U.S. ARME	D FORCES? 16. S	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
To de la	fie.	s, no, or unknown) (If yes give wo	or or goies of selvice)	Too	mas McKenzi	R.R.D. Fro	200022
signed by the premare burial-transit permit burial, crematian, ar re		1B. CAUSE OF DEATH (Enter or	nly one couse per line for	(a) (b) and (c).)			INTERVAL BETWEEN
nsil eme		PART DEATH WAS CAUSE IMMEDI	D BY ATE CAUSE (o)	Prioselerota	Carleovarul	lar Daver	DNSET AND DEATH
d b		411	DUE TO				
uria		Conditions, if any, which gove rise to immediate cause (a),					
~ 2.5.2.5 Ø. 5.2.5.~		stoting the underlying couse	DUE TO				
beel S th		last.) (c)				
CTOR: Affer this certificate has shauld be detached far use as tith the State Dept. af Health pri	2	PART II. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	N GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
us de la	CERTIFICATION						YES NO 🔀
fica far f He	RTIFI	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF D		SCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port 1	or Port II of item 18)	
cert hed h. a		(IF EITHER, NOTIFY MEDICAL EXAN	IINER) /				·····
his Dep	MEDICAL	20c. TIME OF INJURY Month, D. Hour o.m.	oy, Yeor 20d IA	JURY OCCURRED 20e PLA	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or fown)	(County) (Stote)
ate of the	×	p.m.	19 X of work	of work			
e Sp		21. I certify that (I)	(this haspital) attend	ded the deceased fram	2 Febr., 196	7, to 10 FRE	, 19 <u>67</u> , that (I) (we) last
8 10 E			ve an 10 Feb	19 <u>_67,</u> and tha	death accurred at	Or-M, fram causes ar	nd on the date stated above.
日本意		220 SIGNATURE	(-1.V) S	1	ATTENDING MED.	TOR STAFF	22b. DATE SIGNED
ge 3		22c PHYSICIAN'S	contrate of the	Al Cen MI	D. PHYS DIRECT D	TOR LI PHYS LI	2/12/67
E B B			DAL M. RATE	YSTEIN M.D.	40 0 -	WALT- FRAS	TEURG-MD 2153:
O FUNETAL MINICOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to	77.		DATE THEREOF	23c. NAME OF CEMETERY OR		3d LOCATION (City or Town	
E E E	230	Latina 21 IAMONDA				, ,	llegany, Md.
50	24	FUNERAL DIRECTOR	eb.13,1967	St. Michael ADDRESS	2So REC'D BY R		STRAR'S SIGNATURE
VR A15 (4)		You FMIN	man	, mr 1 /177 1.	CCD		iranles Judge

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician



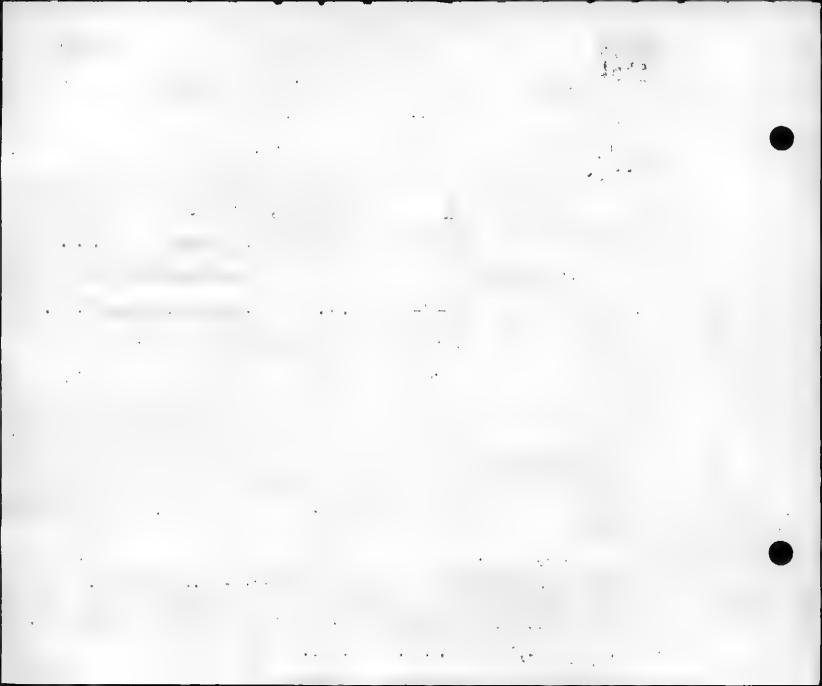
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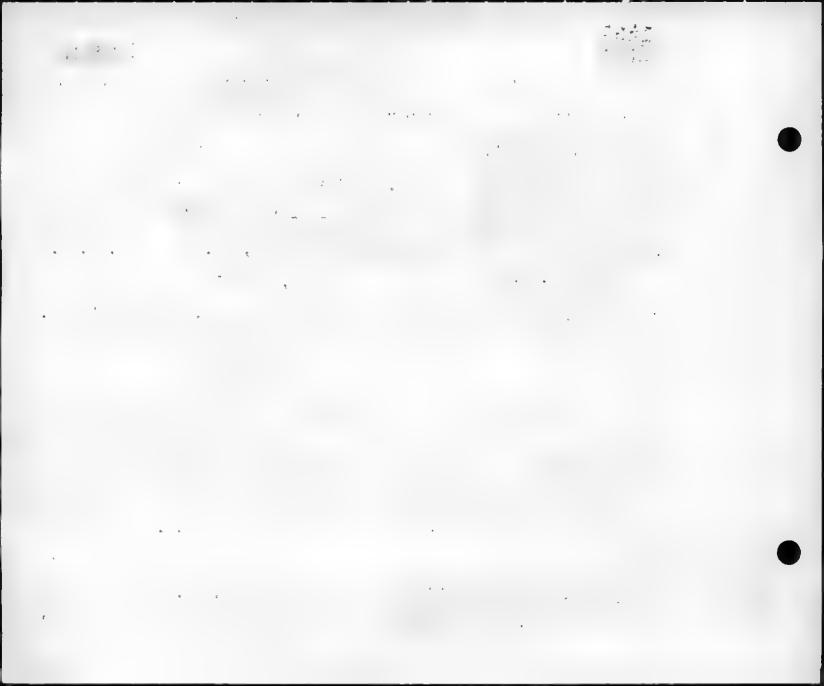
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01562 CERTIFICATE OF DEATH DIECO

	CT LITTE			OBIC; II TO/CI	- 0. 5-7				Ш	
1.	PLACE DF DEAT	H			2. USUAL RESIDENC	E (Where dece			e before ad	mission)
		LLEGANY		ALA DVI A NID	a. STATE		ALLEGA!	NTV		
_	The state of the s	N (if outside corporate lim	Its.	MARYLAND c. LENGTH OF STAY IN 1b	MARYTAND c. City or Town (If	outside corp			ve neares	t town)
	write RURAL	and give nearest town)	,			·				
_	LaVAI	E	T 6	MONTHS	CUMEDRIA	ND		111	e. IS RESI	IDENOE
	G. NAME OF HO	SPITAL OR INSTITUTION (IF	not in n	ospital, give street address)	d. STREET ADDRESS				ON A F.	ARM?
	JOHN'S	LANE			414 OLDTO	OWN_ROA	LD			NO X
3.	NAME DF DECEASED	First		Middle	Last	4. DATE OF	Month	Day	Yea	.r
	(Type or print)	MAGDALEN	A.	MINNIE	GREEN	HTA3D	FEBRUA	RY 19	, 196	57
5.	SEX	6. COLOR OR RACE 7. M	ARRIED	NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years IF			
F	EMALE	WHITE W	DOWED	DIVORCED	APRIL 24, 18	882	last birthday) M	onths Days	Hours	Min.
10a	. USUAL OCCUPAT	ION (Give kind of work done	10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (Co	unty & State,	er foreign country)	12. CITIZEN	OF WHAT	
anı	HOUSI	ing life, even if retired)	1	NDUSTRY OOMESTIC	ALLEGANY	MARYI	(TNA.	COUNTRY	A -	
13	FATHER'S NAM		-	,01HO110	14. MOTHER'S MAID		250125	0.00	14 8	
			THE				OTTO -			
16	WAS DECEMBED	JOHN REUSCH EVER IN U.S. ARMED FORCES		SOCIAL SECURITY NO. 17.	INFORMANT	ANNA .	Address	JARTUNG		
(Yi	es, no, er unkown)	(If yes give war or dates of servi	(e)							
	NO		22	20-34-1625 WM.	J. CREEGAN	, JOHN	S LANE,	LaVALE.	MD.	
	18. CAUSE OF	DEATH [Enter only one cause						INTE	RVAL BET	WEEN
	PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cao	osturelu	- vescu	las 1	doese	UNS	7/0	A
	770			10000					7	Tar.
	Conditions, If	anic which \		anti-	2-5			6	3001	11-
	gave rise to	Immediate (wante	170				4	
	cause (a), s									
Z	underlying caus	1 141	NUTBIDI	TO DESCRIPTION OF A STATE OF A	TO TO THE TERMINAL D	10C4CC COND	TION CHIEN IN DA	RT 1(a) [19.	WAS AU	TOPEV
CERTIFICATION	PART II. OTHERS	SIGNIFICANI CONDITIONS CI	אוואוואנ	STING TO DEATH BUT NOT RELA	TED TO THE LERMINALD	ISEASE COMP	IIIUNGIYEN IN PA	KII(a) Ita.	PERFORM	MED?
ICA								YE	:s 🔲 📗	ND 🗵
3TI	2Da. ACCIDENT	WAS UNDERLYING INC. CAUSE OF DEATH	20b. I	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury In Par	t l or Part II of I	tem 18.)		
CE	(IF EITHER, NO	TIFY MEDICAL EXAMINER)								
SAL	2Dc. TIME OF	INJURY Month, Day, Year	2Dd. 1	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa	rm, 20f. (0	City or town)	(County)	(S	tate)
MEDICAL	Hour a.r		While	MOT WHILE	ry, street, office bldg., et	(c.)				
Σ	p.i		at worl		- 2 - 10	(1)	2-19-	10/07 4	h at 11 for	a) last
				ed the deceased from 2		60 to		, 1967, tl		
	Saw the de	ceased alive on	- / 8	, and that	death occurred at	2.71.M, TID		22b. DATE SI		annae.
	22a. SIGNATU	RE / K		/	ATTENDING - M	MED.	STAFF -		10	
		41/8/20	2	M.D	PHYS,	DIRECTOR	PHYS.	2-20	70/	
	22c. PHYSICI/ NAME (T		2		22d. ADDRESS	one St	., Cumber	Jand 1	M	
23	REMOVAL (SD	MATION, 23b. DATE THERE	OF	23c. NAME OF CEMETERY	OR CREMATORY	23d, LO	ATION (City, town	n or county)	(Sta	ate)
	BURTAL		967	PRINTING LIVES	RAN CEMETER		BERLAND,)
24	. FUNERAL DIN	ECTOR	1	O. D. ADDRESS	25a. REC	D BY REGIS	TRAR 25b. REG	ISTRAR'S SIGN	IATURE	
	JOHN J.	FAFER JR. 330	BATA	O. AVEL. CIMB.	MD. DATFE	8231	967		An 1 5	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01564 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before page ssion) PLACE OF DEATH ALLEGANY a COUNTY MARYLAND b COUNTY ALLEGANY MARYLAND b CITY OR TOWN (If autside carporate I mits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) WITH THE ENREYSAND TOWN) DAY LAVALE e IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS MEMORIAL HOSPITAL VIEW TERRACE GLEN NO Middle 3. NAME OF Last 4. DATE Month OF DEATH **HEACOX FEBRUARY** DECEASED ALBERT D. 67 (Type or pnnt) 9 AGE (In years IF JADER 1 YEAR 8. DATE OF BIRTH S SEX 6 COLOR OR RACE 7 MARRIEO NEVER MARRIED 5-18-01 WHI TENIDOWED MALE DIVORCEO 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 100 JSIJAL OCCUPATION (Give kind of work done U COUNTRY? during most of working life even if retired) ALTOONA. PA. 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME HEACOX. ROBERT DICK. JEANETTA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war at dates of service MEMORIAL HOSPITAL. CUMBERLAND. la 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), **DUE TO** stating the underlying cause WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMEO? 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS JNOERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (County) , 20c. TIME OF INJURY Manth, Ooy, Year Hour om. factory, street, office bldg., etc.) Mot While at work at wark 21. I certify that (1) (this haspital) attended the deceased fram. (, that (I) (we) last M, from causes and an the date stated abave. and that death accurred at saw the deceased alive an 229 SIGNATURE 22b. DATE SIGNED STAFF PHYS. GIRECTOR 22d, ADDRESS 22c PHYSICIAN'S CUMBERLAND. MD. RICHARD DR. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g BURIAL CREMATION (County) 25a. REC'D BY REDISTRAR REGISTRAR'S SIGNATUR VR A15 (4) 1 20 M 1/66

requires that the lieath certificate bill executed within 24 haurs after death in by the edse a ar removal, signed by the atter burial-transit perm burial, crematian, a be retained by the haspital ar attending physician. has been certificate O FUNERAL DIRECTOR: After TO HOSPITAL Page 4 may h director, should be



and 2 requires that the death certificate be executed within 24 hours ofter death funeral s 1, and ofter ond completely filled in by the fremove carbon papers. Pages and in ony event, eose 8 signed by the atter burial-transit perm burial, cremotion, o affending as the has been Heolth r this certificate be retained by the hospital ar TO FUNERAL DIRECTOR: After should 63 Page 4 may | director, should b VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01566 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH O. STATEMARYLAND a COUNTY b COUNTY ALLEGANY ALLEGANY MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 b CITY OR TOWN (If autside carparote limits, CUMBERLAND 78 DAYS CUMBERLAND. MD. e IS RESIDENCE ON A FARMS a NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ARCH ST. MEMCRIAL HOSPITAL 3 NAME OF First Middle Lost 4 DATE Month DECEASED ANN HUMBERTSON FEB. LUCY 67 19 (Type or past) DEATH 5 SEX 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH **NEVER MARRIED** last (oy) FEMALE WHITE GEWOODW DIVORCED March 25. 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (G-ve kind of work done COUNTRY? U.S.A. during most of working life, even if retired)
Housewife INDUSTRY to xAck/RAck NataAxca Own Home 14. MOTHER'S MAIDEN NAM 13. FATHER'S NAME AD SIRBAUGH SARAH LEDWICK SIRBAUGH Address IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, na, ar unknown) (If yes give war or dates af service) MEMORIAL HOSPITAL CUMBERLAND. MD. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) SIX DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause last. WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20o ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B) OR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year Haur a.m. foctory, street, affice bldg., etc.) Not While at work at work 21. I certify that (1) (this haspital) attended the deceased fram. 7, and that death accurred by USAM, from causes and on the date stated above. sow the deceased alive an Alek. 22o, SIGNATURE 22b. DATE SIGNED. MED. **ATTENDING** DIRECTOR PHYS 22d. ADDR 236 **ADDRESS** 22c. PHYSICIAN'S CLAY DURRETT AVENUE. CUMBERLAND. NAME (Type) DR. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b DATE THEREOF (County) (Stote) Burial Feb.8,1967 Davis Memorial Park Cumberland, Md. Allegany

ADDRESS

James F. Scarpelli, Cumberland, Md.

2Sa REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

within 24 hours ofter demth Бon requires that the duath certificate be executed gu Ē signed by the attending physician bur al-transit permit. Then please burial, crematian, or remaval, and i as the priarta peen has far use Health g certificate hampital ar af d detached TO FUNERAL DIRECTOR: After this bill retained 0 filed Page 4 may directar, should b 20 M 1/66

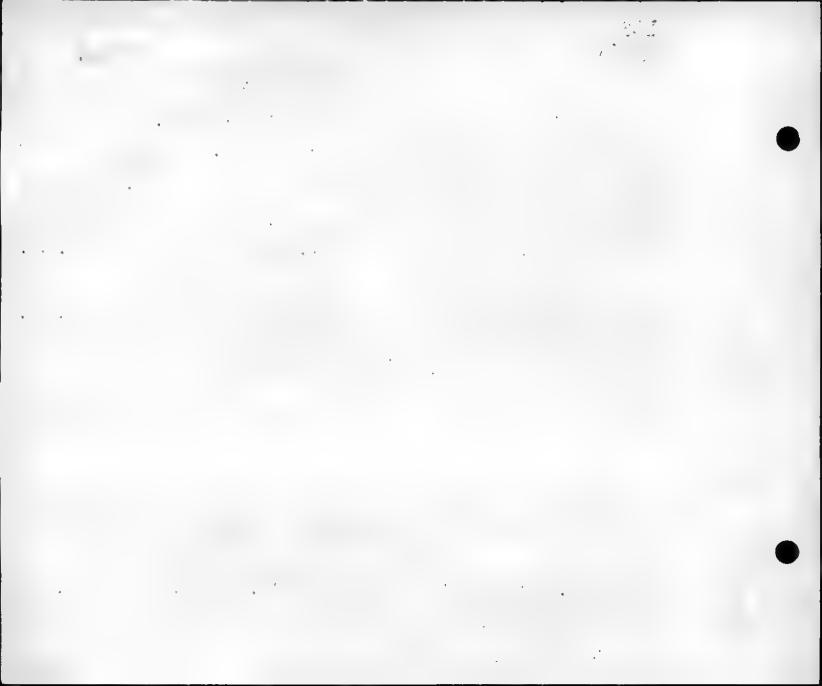
funeral 1 and

filled in by the fun papers. Pages 1

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VR A15 (4)

24. FUNERAL DIRECTOR



FOR STATE HEALTH DEPT.

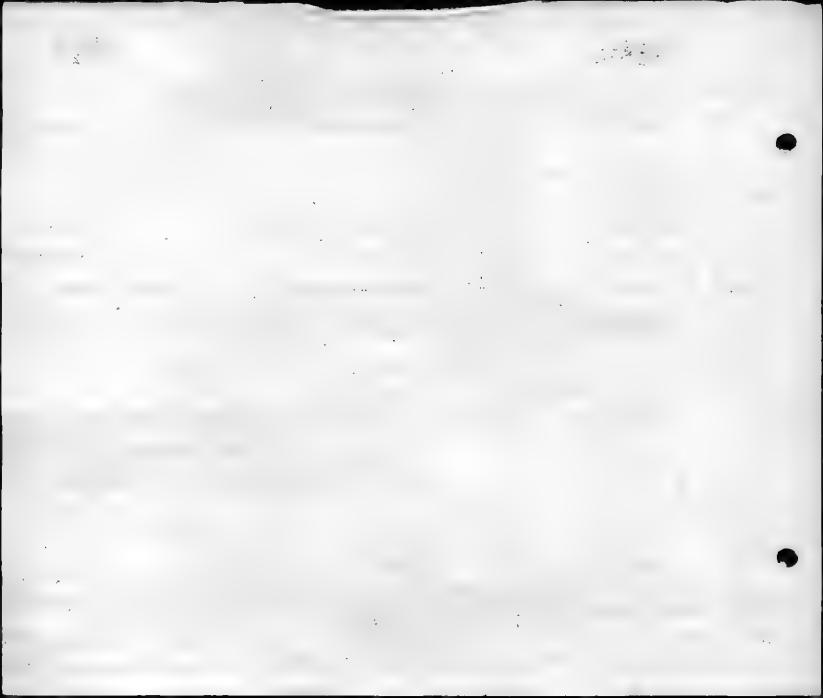
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Itam 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

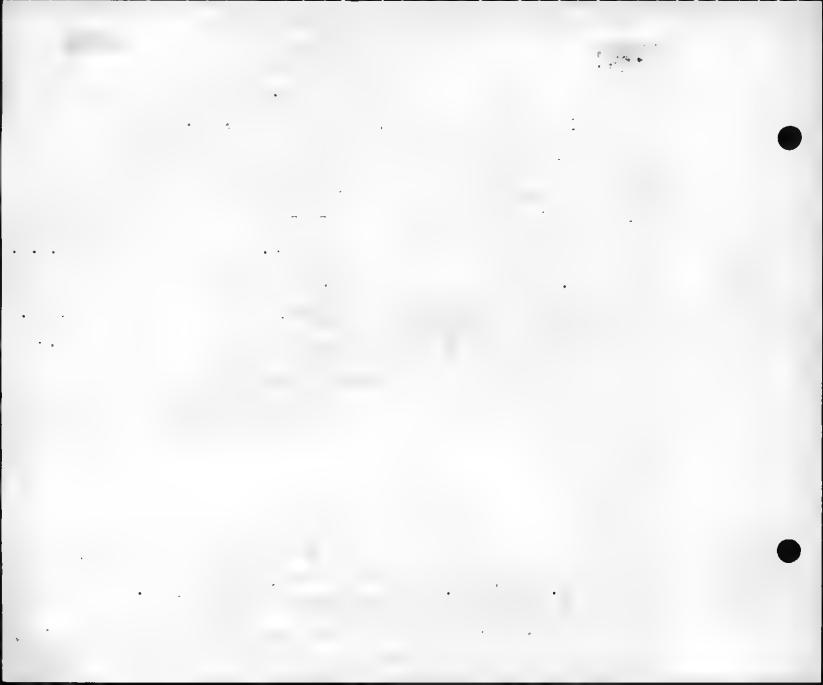
MARYLAND STATE DEPARTMENT OF HEALTH

_01567	on of STATISTICAL RI	CAL EXAMINER'S	•		1 01564
1. PLACE OF DEA	Allegany	MARYLAND	2. USUAL RESIDEN		institution: Residence before admission
b, CITY OR TOWN write RURAL a Corrigany	(f outside corporate I mits, and give neerest town)	40 years	c. CITY OR TOWN	a 20 an	e RURAL and g ve nearest town)
	SPITAL OR INSTITUTION (i) not i	n hospital, give street eddress)	d. STREET ADDRESS		8. IS RESIDENC ON A FARM YES TO NO K
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mont	
(Type or print)	Walter	J.	Jensen	DEATH Februar	y 3, 1967
s. sex	Tallian & de La	ARRIED NEVER MARRIED 8.	May 20, 189	9. AGE (In years 78 (Graphithday)	IF UNDER 1 YEAR IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUP.		Db. KIND OF BUSINESS OR INDUSTRY Reilroading			12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
un	ıkn		unla	1	
15. WAS DECEASED (Yes, no, or unkown) 165	EVER IN U.S. ARMED FORCES? (If you we contained forces) 1914-1928 Navj	16. SOCIAL SECURITY NO. 17. 11. 705-05-4750 Ha:		or, Cumberland,	
	P DEATH [Enter only one cause ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line fer (e), (b), and (c).; oronary occlusion	n	And the state of t	INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, il a gave rise to imm (a), stating the cause lest.	ediata cause	coronary sclerosis	3		
PART II. OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	INAL DISEASE CONDITION GIV	/EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO P
	CONTRIBUTING	ESCRIBE HOW INJURY OCCURRED.	Enter nature of injury in	Part I or Pert II of Item 18.)	
20c. TIME OF IN Hour a.m	14		CE OF INJURY (Home, ferr pry, street, office bldg., etc.		(County) (Slete)
21. I certify death resulted		7			
SIGNATURE	Deneglict.	Skitarelie	M.D.	DICAL EXAMINER TOO	Feb. 4, 196
EXAMINER'S NAME (Type)		itarelic, M.D.	Address (Street,	city, town, or county)	
22a. BURIAL, CREMA REMOVAL HOSE BULTI &	Feb. 5, 1967	Hyndman Cemeter		Hyndman, Penn	
28. FUNERAL DIRECT	9. Feigle	ADDRESS Hyndman, Penr		FEB 9 1967	STRABES SIGNATURE CANADA

VR A15ME 5M 1/63



Hyndman. PA.



PM3. Page

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01569 **FOR STATE** HEALTH DEPT.

ges load with the State Department of ony event with the State of the

necessary, please execute the certificate, writing the word "panding" in memic in Item 18. Give Pages 1, 2, and 3 to

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death If

the fumeral director. Pogm 4 mhould be forwarded to the Chief Medical Examiner will office mong with form

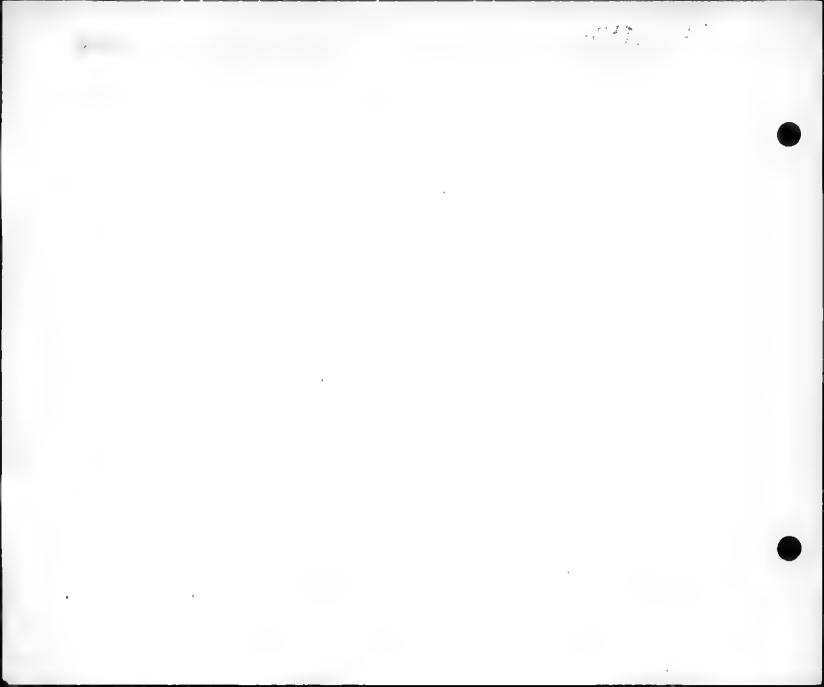
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	be used as a burial-tro	notian,
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	nseq (burio
	þé	10
es	e 3 should	th or its designated agent, prior to burial, cremotian,
-	co	e u
r ymui	9	ed og
₫	10R	nat
may be reformed for ymur files	TO FUNERAL DIRECTOR: P	s desig
y be r	IERAL	וו 10 ר
ma	F	Healt
^	2	-

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
---------	-------------------	-------------	----------

01566

02000				
PLACE OF DEATH O COUNTY			Where deceosed ved, finstitution b COUNTY	Residence before odm ssion)
ALLEGANY	MARYLAND	O STATE MARYL		ALLERANY
b (TY OR TOWN (flootside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	C CTY OR TOWN (If OU	itside corporate limits, write RURAL	and give nearest tawn)
CUMBERLAND	LIFE	CUMBE	RLAND	- I
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital), give street oddress)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
37 MEMORIAL AVE.		37 ME	MORIAL AVE.	YES NO X
3 NAME OF First DECEASED	Midd e	Lost	4 DATE Month	Doy Year
(Type or print) TRA	H. KIN		DEATH FEB.	13 19 67
S SEX 6 COLOR OR RACE 7 MARRIE	ED XX NEVER MARRIED 6	B DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
MALE WHITE WIDOWN		CT. 26,1897	69 yrs	
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	1) B RTHPLACE (Stote	or foreign (ountry)	12 CITIZEN OF WHAT COUNTRY?
STREET WORKER	CITY GOV'T	MARYLAND		USA
13 FATHERS NAME		14. MOTHER'S MAIDEN	NAME	
CALVIN I. KING		CORA F	PERDEW	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give wor or dates of service)	16 SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
NO 2	217 10 6418 M	RS. LOLA E.	KONG CUMBERI	LAND, MD.
IB CAUSE OF DEATH (Enter only one couse per line PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	for (o), (b), and (c)) CORONAR!	Y OCCLUSI	ION	INTERVAL BETWEEN ONSET AND DEATH SUDDEN
"/ " (f DUE TO				
Conditions, if ony, which gove) (b)	CORONA	ARY SCLEF	ROSIS	
rise to immediate couse (a), stating the underlying couse lost.				
PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO T	THE TERM NA. D SEASE CON	NDITION GIVEN IN PART I(0)	19 WAS AUTOPSY PERFORMED? YES NO XX
E PRIMARY □ or CONTRIBUTING □	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Part I ar Part II of Item 18)	A
Hour o.m. W		CE OF NJURY (Mome, form ory, street, office bldg., etc.)		(County) (State)
21. I certify that I taak charge of the	remoins described obove, he	ld an Autopsy 🔲 ,	Inspection X, Inquiry	x, and in my apinian
death resulted from: Natural causes	Accident , Suice	ide 🔲, Hamicide	Undetermined mann	ner 🗌
ACTUAL SIGNATURE Levelet &	EXAMINER DICAL EXAMINER	22. DATE SIGNED		
EYAMINER'S			AL EXAMINER	
NAME (Type) BENEDICT SKITARE		· 9, GUMBER		FEB.13,196
230 BURIAL, CREMATION 23b DATE THEREOF REMOVAL (Spec fy)	23c NAME OF CEMETERY OR		23d LOCAT ON (City or Town)	, , ,
BURIAL FEB. 15.196	7 SUNSET MEMORI	AL PARK	CUMBERLAND,	MD.
24 FUNERAL DIRECTOR BYRON KIGHT!	ADDRESS CUMBERLAND. MD.		FFB 1 7 1967	FRARS S GNATURE

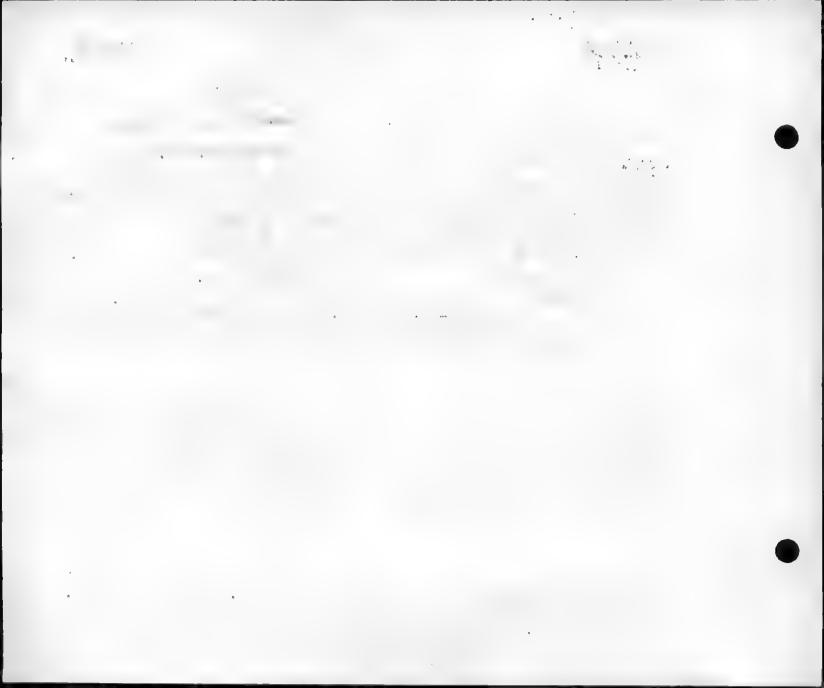
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	01240		CERTIFICATE	OF DEATH		019	04		
	1. PLACE OF DEATH				Where deceased lived, if i		before admission)		
	ALLEGANY		MARYLAND	o. STATE MAR	RYT. AND b. COUNTY ALLEG.		EGANY.		
	b. CITY OR TOWN	(If autside carparate limits,	c. LENGTH OF STAY IN 16		utside corporate limits, wri	te RURAL and give	nearest town)		
		NACONING	2 YEARS	FROS	TBURG.	* *	1-1		
	d. NAME OF HOSPI	TAL OR INSTITUTION (If not in ha	spital, give street address)	d STREET ADDRESS			e. IS RESIDENCE ON A FARM?		
	K	YLE NURSING	HOME	65 I	EAST MAIN	STREET	YES NO		
20.	NAME OF DECEASED	First	Middle	Last	4. DATE OF	Manth	Day Year		
	/ (Type or print)	ROBERT		KUNKLE	DEATH FEBR	UARY	28, 19 67		
	S. SEX	6. COLOR OR RACE 7. MA		B. DATE OF BIRTH	9. AGE (In ye	ars IF UNDER 1	YEAR OF LINDER 24 ARS		
		<u></u>		JANUARY 2	1,1880 87	yrs			
	during most of working	N (Give kind of work done	10b. KIND OF BUSINESS OR INDUSTRY		y & State, ar fareign country	COU	ZEN OF WHAT NTRY?		
		WORKER	GLASS	MONACA		IU.S	. A.		
	13. FATHER'S NAME A	DAM KUNKLE		TO A NINEE	TUNGET				
-			The cocini crountly no. 117			IAMIZAM ZAD	0.0000000		
	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, opportunity) (If yes give war or dates of service) 217-16-4532 MRS. JOHN A. WINEBRENNER. 14								
-	T 10 CAUSE OF B	PATH (F		O JOHN A.	MINDUEN	WEAR, 144			
	PART I. DEA	PEATH (Enter only one couse per ATH WAS CAUSED BY-	line for (o), (b), and (c).)	Deales.	- de		ONSET AND DEATH		
	4	MMEDIATE CAUSE (a)	- Indocareray	Control V	nice				
	Conditions, if on	v, which gave) (b)	To Tour os Our	213-			Mouris		
	rise to immedia	te cause (a), (Dur to					Joursey		
	last.	(c)							
	PART I OTHER S	GNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO 1	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1	(a)	19 WAS AUTOPSY		
	20g. ACCIDENT WA	Lume	Servico PER	sizarla			PERFORMED?		
1	20a. ACCIDENT W	AS UNDERLYING	205 DESCRIBE HOW INJURY OCCURRED.	eter nature of injury in	Part I or Part II of item 1	B.)			
		G CAUSE OF DEATH (MEDICAL EXAMINER)							
	20c TIME OF INI Hour o.	URY Manth, Day, Year		E OF INJURY (Home, for	n, 20f. (City or tov	vn) (Coun	ify) (Stote)		
1	E HOUR O.		While Not While fact	ory, street, office bldg., etc.	, ,				
1	1								
		ify that (I) (this hospital)	attended the deceased from		19 62/ta Tel.	· 28, 196	\mathcal{I} , that (I) (we) las		
	21. I cert	ify that (1) (this hospital) leceosed alive on	ottended the deceased from	t death accurred o	19 62/taM, from cal	uses and on the	e date stoted abave		
		ify that (1) (this hospital) leceosed alive on	attended the deceased from the 231967, and that	death accurred o	MED STAFF	Jses ond on the	e date stoted abave		
, !	21. I cert saw the c 22a. SIGNATURE	ify that (I) (this hospital) leceosed glive on	attended the deceased from	ATTENDING PHYS	M, from cal	Jses ond on the	e date stoted abave		
	21. I cert	ify that (I) (this hospital) leceosed glive on	attended the deceased from the 231967, and tha	ATTENDING PHYS 22d ADDRESS	MED STAFF DIRECTOR PHYS.	uses ond on the	e date stoted abave		
	21. I cert saw the c 22a. SIGNATURE 22c. PHYSICIAN' NAME (Type	ify that (I) (this hospital) leceosed glive on State I LESLIE R. 1	attended the deceased from the 251967, and that the second	ATTENDING PHYS 22d ADDRESS STATE	MED STAFF DIRECTOR DIPHYS.	22b. DAI	e date stated above TE SIGNED MD.		
1	21. I cert saw the c 22a. SIGNATURE 22c. PHYSICIAN' NAME (Type	ify that (I) (this hospital) leceosed glive on S LESLIE R. 1 ON, 23b. DATE THEREOF	attended the deceased from the 251967, and tha MILES, M.D. 23c. NAME OF CEMETERY OR	ATTENDING PHYS 22d ADDRESS STATE CREMATORY	MED STAFF DIRECTOR STAFF PHYS. ST., LONAC 23d. LOCATION (City	22b. DAT CONING, ar Tawn)	e date stated abave TE SIGNED MD . County) (State)		
	21. I cert saw the c 22a. SIGNATURE 22c. PHYSICIAN' NAME (Type	ify that (I) (this hospital) leceosed glive on S LESLIE R. 1 ON, 23b. DATE THEREOF MARCH 3.3	attended the deceased from the 251967, and that the second	ATTENDING PHYS 22d ADDRESS STATE CREMATORY L'S CEM.	MED STAFF DIRECTOR STAFF ST., LONAC 23d. LOCATION (City FROSTB)	22b. DAI 22b. DAI CONING ar Tawn) URG, b. REGISTRAN, SIG	e date stated above TE SIGNED MD. County) (State) MARYLAN		

0 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the direct firste lie executed within 24 liaurs ofter illeath. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 haurs offer death Poge 4 may be retoined by the hospital or ottending physician.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending invisionan and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ETTEMBING HIVENIAM: THE law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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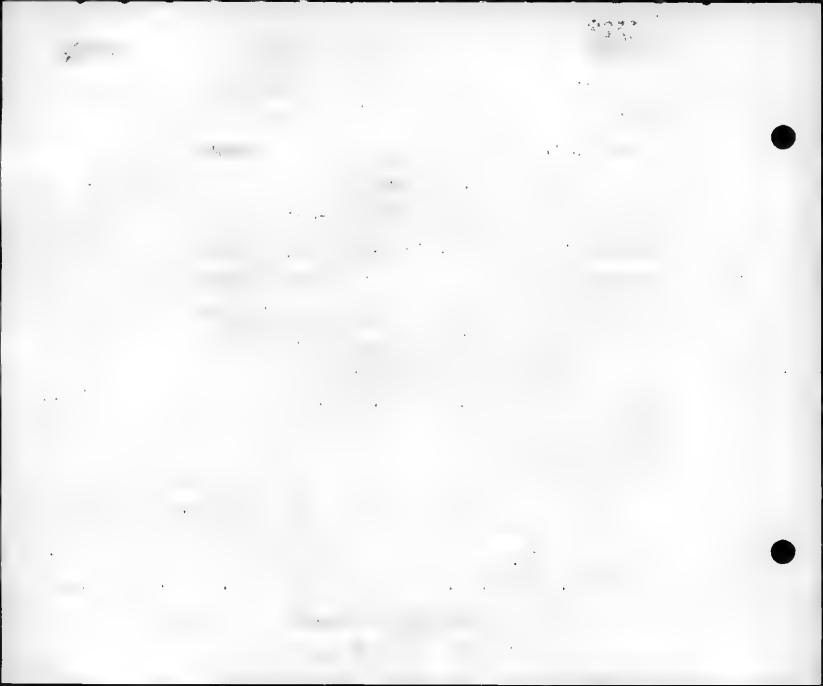
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1571

01572

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residual STATE b. COUNTY	ence before admission)
ALLEGANY MARYLANO	a. STATE b. COUNTY MARYLAND ALLEG!	A NTV
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	
EUMBERLAND	CUMBERLAND	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AODRESS	e. IS RESIDENCE ON A FARM?
SACRED HEART HOSPITAL	SYLVAN RIDINADAY	YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month I	Day Year
(Type or print) CARRIE R. LANCASTER	DEATH FEBUARY	1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8		AR IF UNDER 24 HRS.
FEMALE WHITE WIDOWEO X DIVORCEO	3-29-75 91 yrs.	
10a. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR during most of working life, even if retired) INOUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ COUNT	EN OF WHAT
	Moraland	S
13. FATHER'S NAME TO TOWN HOME	14. MOTHER'S MAIOEN NAME	
JESSIE ROBINSON	ELMIRA (WITHELM) (D)	
	INFORMANT Address	
(1 cs, rw, w unknown) (11 yes fire war or dates of service)	PT'S CHART	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		NTERVAL BETWEEN
PART I, OEATH WAS CAUSED BY:	167	ONSET AND DEATH
. IMMEDIATE CAUSE (a) LY MUCHLEL LUCA	in factor	FLO LE
Conditions, If any, which \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2	111.
gave rise to Immediate (b)	Let Ving	E L XC
cause (a), stating the OUE TO		1111
underlying cause last. (c) allumlum	25/	TO THE PROPERTY OF THE PROPERT
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	FED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
100		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED, (Enter nature of injury in Part I or Part II of Item 18.)	
	CE OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
Hour a.m., While Not While factor	y, street, office bldg., etc.)	, (,
p.m. 19 at work at work		-
21. I certify that (I) (this hospital) attended the deceased from	196, to 196	that (I) (we) last
	death occurred atM, from the causes and on the	
22a. SIGNATURE	22b. OATE	SIGNED
M.O.	ATTENDING — MEO. STAFF PHYS. 2	-5-6/
PHYSICIAN'S NAME (Type)DR. L BRINGS. MD.	22d. ADDRESS	
NAME (Type DR. L BRINGS, MD.	57 GREENE ST. CUMBERLAND, MARY	(ILI)(D
232. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
BURIAL 2-5-67 FROSTBURG M	EMOIPIAL FROSTBURG, ALLE	EG. MD
24. FUNERAL OFRECTOR AOORESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S \$	
Joseph K. Newst Str. Frank.	MYOATE FFB 8 1967	es Juoge
The store	ATT ONIE I TO GEN. II	4 4



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	Division	of	STATISTICAL	
0157	2			
				=

CERTIFICATE OF DEATH

01569

0 3.00				V.	2000		
1 PLACE OF DEATH a. COUNTY	Allegany		- CTATE	where deceased lived, if institution: Resider ryland b COUNTY A	11egany		
1000 00 7000		MARYLAND	1	*			
	(If autside carparate limits, id give nearest tawn)	c LENGTH OF STAY IN 16	1	utside carparate limits, write RURAL and giv	e nedlesi towij		
Gumbe	rland	1/23/1967	<u> </u>	nberland	í		
	TAL OR INSTITUTION (If not in haspital		d STREET ADDRESS		e IS RESIDENCE ON A FARM?		
	any County Inf			Oldtown Road	YES NO		
3. NAME OF DECEASED (Type or print)			app	4. DATE Month OF Pebruary	1, 19 67		
Female	6 COLOR OR RACE 7 MARRIES WIDOWE		B DATE OF BIRTH 4/12/1874	9. AGE (In years IF LADER Months yrs	Doys Hours Min		
		KIND OF BUSINESS OR	,	(1	T ZEN OF WHAT		
Retired	Shirt, Pajana	Factory	Frostburg	g, Maryland U.	S. A.		
13 FATHER'S NAME			14. MOTHER'S MAIDEN				
	Andrew A. Lap			t Elizabeth Wagn			
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	6 SOCIAL SECURITY NO 17	INFORMANT P .O .	Box 599, Cumberl	and, Md.		
No No	(If yes give war ar dates of service)	12-01-9643	llegany Co	ounty Infirmary	records.		
IB. CAUSE OF D	DEATH (Enter on y one couse per the fath WAS CAUSED BY:		cha. Doge	reexelis	INTERVAL BETWEEN ONSET AND DEATH		
	(anditrans, if any, which gave) (b) arthrio Scaracio Germa + Cerelial (b)						
stating the und		lkn. repliete	oc trock	el adreiea-			
PART II OTHER S	SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO		
OR CONTRIBUTING	AS UNDERLYING (1) 205 G (1) CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Part I ar Part II of item 18)			
[월 Haur a	.m. Wh		ACE OF INJURY (Hame, farr tary, street, affice bldg., etc.	1	runty) (State)		
	21. I certify that (I) (this haspital) attended the deceased from 1/23/67, 19, ta 2/1/67, 19, that (I) (we) last saw the deceased alive an 2/1/67, 19, and that death accurred at P. M, from causes and an the date stated above.						
22g. SIGNATURE	Callega	eus fr "	ATTENDING R	MED. DIRECTOR X STAFF X 2/2	2/1967		
22c. PHYSICIAN NAME (Type		ws, M. D.	22d. ADDRESS 49 Gr	eene St., Cumber]	land, Md.		
23a BURIAL, CREMATI		23c. NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Town)	(County) (State)		
BURIAL Specif	FEB.4.1967	FROSTBURG	MEM. PARK	FROSTBURG.	MARYLAND		
MARTLOU	ORM. SOWERS HA	FER FUNEBALT	HOME 250. REC	D BY REGISTRAR 256 REGISTRAR'S 1967	SIGNATURE O CAR		
F 1 1 102 / 1 100 / 3	11 Character DO	TERLIAN AND AND AND AND AND AND AND AND AND A	DOTT OUT		11 11		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ornardina physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permits—then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HUSPITAL OR ATTENDING PHYSICIAN: The low requies that the Light certificate be executed within 24 hours ofter death. Poge 4 moy be retained by the hospital or attending physician.

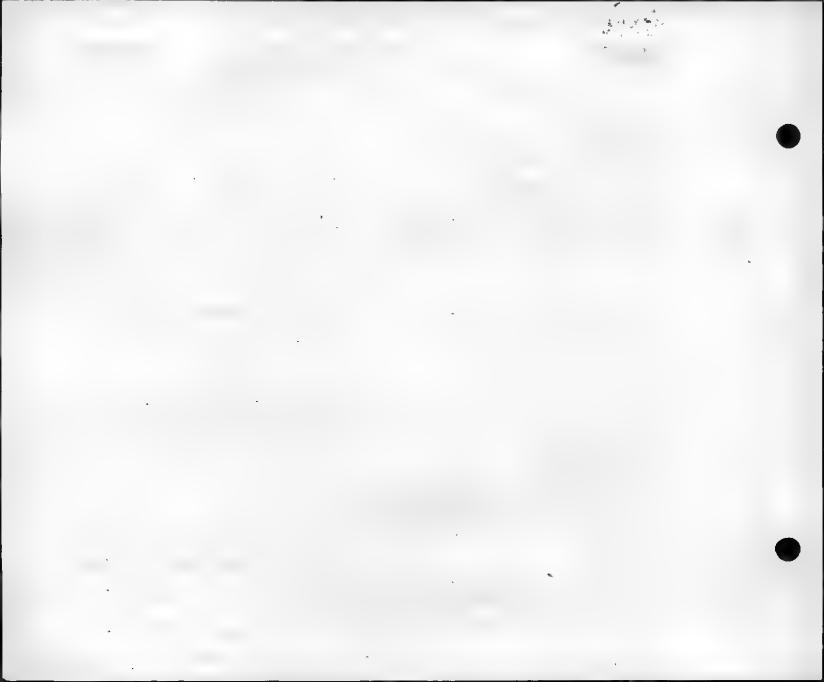
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

4	01573			CERTI	FICATE	OF DEATH			01570			
	1 PLACE OF DEATH 0 COUNTY				RYLAND	2 USUAL RESIDENCE (Where deceosed hived, if institution o. STATE MARYLAND b COUNTY			The state of the s	Residence before admission) ALIEGANY		
	b (TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FROSTBURG			D O A	IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FROSTBURG					1	
9	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) MINERS HOSPITAL					d STREET ADDRESS 28 BEALL'S LANE				e IS RESIDENCE ON A FARM? YES NO X		
	3 NAME OF DECEASED (Type or print)	SALOME		Middle		Lost LA RUE	4 DATE OF DEATH	Month FEBRUAR			67	
	S SEX FEMALE	6 COLOR OR RACE WHITE	7 MARRIED WIDOWED	NEVER MARRI		DATE OF BIRTH EC. 1, 1891	9.	AGE (n yeors lost birthdoy) yrs	Months Doys	IF UNDER	24 HRS. Min.	
	100 USUAL OCCLPATION (Give kind of work done MACEPITAE IN CHIEF AT OFFEIT PAJANIA FACTORY					11. BIRTHPLACE (County & Stote, or foreign country) MARYLAND 12. CIT ZEN OF WHAT COUNTRY? U.S.A.						
	13. FATHER'S NAME WASHINGTON WARNER					NANCY ENGLE						
	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 217–14–4530 PAUL LA RUE, FROSTBURG, MD.											
		e couse (o),	(o) A < 10 (b) C o	ROMAL	27 #	PRELIAL RETERY :	DISER	1	N 0N	ERVAL BETY SET AND DI		
7	CATIO	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO										
	20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH CIPERT CONTRIBUTION CIPERT CONTRIBUTION CIPERT CONTRIBUTION CIPERT CONTRIBUTION CIPERT CI											
	D.1	m. 19	While of work	: 🗀 ot work 🗀	foct	E OF INJURY (Home, form ory, street, office bidg , etc.))	(City or town)	(County)	·	Stote)	
		fy that (1) (this has eceased alive an	pital) attend	ded the decease	d fram_1 and that	7 - 4 - 4	9 CG, ta. 3 5 PM, MED. DIRECTOR E	fram causes of STAFF PHYS.	22b. DATE SIGN	te stated	ve) last abave	
1	22c. PHYSICIAN'S NAME (Type		STRON	G, M. D.		22d. ADDRESS / <u>67</u>			FROSTb	URG,	Md.	
	230 BURIAL, CREMATI REMOVA, (Specify BURIAL)	()	REOF 5 167	23c, NAME OF CE GREENVI		DIMBHIDIRAY.	POCC	OHONTAS.	PA.		(ote)	
24 FUNERAL DIRECTOR ADDRESS 250. REC D BY REGISTRAR 256 REGISTRAR 5 SIGN DATE E B 1 6 1967 Yellowley												

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please panave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, ar remayal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

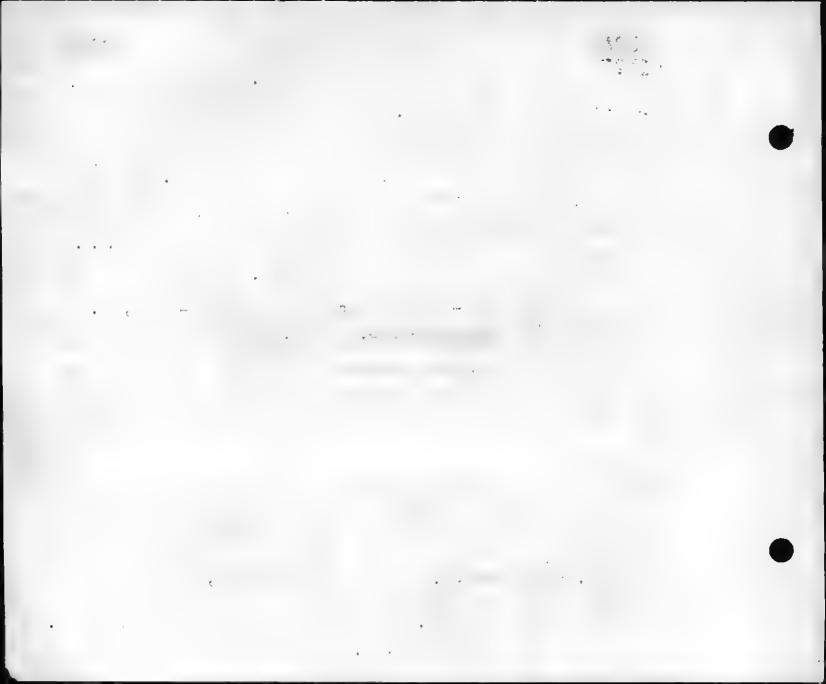


funeral and 2 etely filled in by the furbon papers. Pages 1 a within 72 hours after d eath certificat b executed within completely carbon event, remove any eve = has been signed by the attending physician is as the burial-transit permit. Then please reprint to burial, cremation, or remoral, and in NITERBING PHYSENM The Two requires that the retained by the hospital or attending physician. D FUNERAL DIRECTOR: After this certificate I director, page 3 should be detached for use should be filed with the State Dept. of Health A TEMBING g Page 4 may b

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) b. COUNTY Allegany a. STATE Allegany MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give mearest town)
Westernport c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Wks. Barton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 211 Hammond YES No X 3. NAME OF First Middle Last DATE Month Year DECEASED Dennis Lashbaugh 1967 Feb. DEATH (Type or print) 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED [last birthday) Months Days Hours Male White sept MIDOWED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR Coal Mine Miner Allegany-Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob Lashbaugh Laura V. Preston 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unkown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 14-01-3756 Issabelle Lashbaugh-Barton. Md. INTERVAL BETWEEN PASET AND DEATH 5 Yrs 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).3 Societies Coronary occlusion PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO Coronary sclerosis l yr Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the Arteriosclerosis (general) yrs underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO D 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 1963 21. I certify that (I) (this hospital) attended the deceased from April to 7 Feb . 1957_, that (I) (we) last Jan___167 and that death occurred at 9: 30 from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE V 22b. DATE SIGNED DIRECTOR M.D. PHYS. Westermort, Md Norman Reeves. M.D 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 2 2/4/67 Mt. View Moscow Mills. Md. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25a. - REC'D BY REGISTRAR 25b. meanly Judy Westernport, Md. DATE 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4)



FOR STATE 01575 PLACE OF DEATH o COUNTY P.M.3. Page Allegany Departmentat delay b CITY OR TOWN (If outside corporate mits, gud write RURAL and give nearest town) Cumberland 18. Give Pages 1 alang with farm Memorial Hospital be exacuted with n 24 haurs after lleath 3 NAME OF DECEASED within Virginia (Type or print) S SEX 6 COLOR OR RACE 7 MARRED Female White W DOWED event 10g USUAL OCCUPATION (Give kind of work done dur ng most of work ng life even (ret red)

Housekeeper At Home 13 FATHER'S NAME pencil ward "pending" in pencil the Chief Medical Examin John H. Reed F.le 15 WAS DECEASED EVER IN U. 5. ARMED FORCES? (Yes, no, or unknown) (f yes g ve wor or dotes of service) PART I DEATH WAS CAUSED BY 5 MMEDIATE CAUSE (a) This certificate shau!!! the certificate, writing the ward 4 shauld be farwarded to the Ch used as a burial-tr burial, cremation, DUE TO Conditions if any, which gave ase to immediate couse (a). DUE TO stating the underlying couse ţ 200 EXTERNAL CAUSE WAS prior 1 PRIMARY I or CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Month, Doy Year Hour om may be retained for your FUNERAL DIRECTOR: Page the funeral directar. death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (Type) 230 BUR AL, CREMAT ON, 236 DATE THEREOF PEMOVAL (Specify) 2/14/67 24 FUNERAL DIRECTOR

2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o STATE Maryland & COUNTY Allegany MARYLAND CHENGTH OF STAY IN 15 c CITY OR TOWN (if outside corporate limits, write RURA, and give nearest tawn) 6 Weeks Cumberland B IS RESIDENCE ON A FARM? d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address). d STREET ADDRESS 521 Shriver Avenue YES NO DE Middle Lost 4 DATE February 19 67 Lillard Estella DEATH IF UNDER 1 YEAR IF UNDER 24 HRS B DATE OF BRTH 9 AGE (In years NEVER MARRIED lost bythday) Months DIVORCED October 22,1900 66 YE 10b. KIND OF BUSINESS OR 11 B RTHPLACE (State or fore an country) 2 CIT ZEN OF WHAT COUNTRY? Maryland 14 MOTHER'S MAIDEN NAME Myrtle Krause 16 SOCIAL SECURITY NO 17 INFORMANT Address 145 Dirk Street 229-52-9466 Wm Harry Lillard Cumberland, Md IB CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) DAVET AND DEATH Coronary Occlusion. Left Sclerosis Coronary WAS AUTOPS PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) Fracture of left Hip YES X 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of in any in Port or Part I of item IB) Fell at home 20d INTURY OCCURRED 20e P.ACE OF INJURY (Home form. (City or town) (County) (Stote) factory street office bldg etc.) 10:00 pm July 259 66 of wark atwark Cumberland. Alleg. Md. Home 21. I certify that I taak charge of the remains described above held an Autopsy XI. Inspection Inquiry II, and in my ap'n on Natural causes Accident X. Suicide ... Hamicide 🗍 Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER [X Bahruary 11, 1967 Benedict Skitarelic Address (Street, cty, town or coultumberland. Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Hillcrest Burial Park Cumberland Allegany Maryland 25b REGISTRAR'S SIGNATURE 25o, REC'D BY REGISTRAR 14 H. Lee Silcox Cumberland, Maryland 21502 DATE

VR A15ME (5)

r

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	11576	CERTIFICATE	OF DEATH	015	73				
	PLACE OF DEATH			Where deceased aved, if institution Res	dence before admission)				
	o. COUNTY ALLEGATY	MARYLAND	o. STATE MARYLA	b county	AFT.FYLANV				
	b CITY OR TOWN (If outside corporate mits,	c LENGTH OF STAY IN 16	c CITY OR TOWN (If ou	itside corporate limits, write RURAL and					
	write RURAL and give neorest town CUFIBERLAND R.F.D.#	3 21 YEARS	R.F.D.#3	BEDFORD ROAD, CU	MBERLAND ()				
	d NAME OF HOSPITAL OR INSTITUTION (If not in hi		d STREET ADDRESS		e IS RESIDENCE ON A FARM?				
	BEDFORD ROAD		BEDFORD	ROAD	YES NATE				
	NAME OF First	Middle	≤os†	4 DATE Month	Day Year				
	OECEASED (Type or pnnt) CORA	ALMA LI	TTLE	OF DEATH FEB 12	19 67				
\$.		ARRIED NEVER MARRIED 6	DATE OF BIRTH	to a boat do 1 Alexand	DER 1 YEAR F JNDER 24 HRS				
]	FEMALE WHITE WI	DOWED DIVORCED	DEC.10, 188	83 birthday) Month	12 Doks Lidora Hilli				
10a dur	ing most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& State, or foreign country) 12	CITIZEN OF WHAT COUNTRY?				
	HOUSEWIFE	NONE		WN, MARYLAND	USA				
13	FATHER S NAME		14 MOTHER'S MAIDEN I						
	MICHAEL S. TWIGG	<u> </u>		"MIDDLETON" TWIG					
15 (Y€	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, ar unknawn). ((If yes give wor ar dates of servi	ce)	NFORMANT	R.F.D. Address B	EDFORD ROAD				
(Yes, no. or unknown) (If yes give wor or dotes of service) 211,-05-7961D MRS KATHRYN TEWELL CUMBERIAND, MD.									
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. OEATH WAS CAUSED BY: Coronic Congestive Heart, Failure 2 VEI AND DEATH 2 OVER AND DEATH								
	" IMMEDIATE CAUSE (o)	Chronic Congestive	Heart Fai	Lure	2 years				
	4201 OUE TO	Street and and Trade and	biene ald	and magant	l week				
	Conditions, if any, which gave (b)	Myocardial Infarc	erous, ord	Bliff Lecelle	(latest)				
	storing the underlying cause	TT	Enhanisani	notic CVB	(Laucsu)				
	PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIL	Hypertensive and			Lan was all to Nav				
TION	19 WAS AUTOPSY PERFORMED? YES NO ##								
CERTIFICATION	20a ACCIDENT WAS UNDERLYING	205 OESCRIBE HOW INJURY OCCURRED (Enter nature of injury in	Part I or Part II of item 18.)	1 22 2 2 2 140				
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
MEDICAL	20c TIME OF INJURY Month, Doy, Year		E OF INJURY (Home, form		(County) (State)				
E C	Hour a.m	While Nat While fock	rry, street, affice bldg , etc.)					
	21. I certify that (I) (this hospital)	attended the deceased from	May 10,	1960 to Feb 12th	19 67 that (I) (we) los				
	sow the deceased alive on Feb.	. 12th 1967 and that	death occurred at	3 P.M, from couses and or	n the dote stoted obove				
	220. SIGNATURE		ATTENOING		. OATE SIGNED				
	(Amount AC	James of WE	PHYS.	OIRECTOR PHYS D	eb. 13, 1967				
	22c PHYSICIANS DR. WYAND F	DOERNER, JR.	22d ADDRESS	CHANEC ST. CUMBER	am anar				
230	BURAL (REMATION, 23b DATE THEREOF 15 Feb. 1	23c NAME OF CEMETERY OR		23d LOCATION (City or Town)	(County) (State)				
				CUMBENLAND ALL D BY REGISTRAR 256. REGISTRAR	EGANY MD.				
24	H. LEE SILCOX 404 DEC	ATUR STREET	F	0.00	ianles Judge				
	CURBERLA	IID. MARYLAND	DATE	EB 1 5 1967					

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic on fact, or pletely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please certified carbon papers. Pages 1 and 2 should be state Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 haurs after death. Poge 4 may be retained by the hospital or ottending physician.

VR A15 (4) 1 20 M 1/66 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		01577	CERTIFICATE	OF DEATH	0	1574
Ī		PLACE OF DEATH				ion Res dence before admission)
	1	a. COUNTY ALLEGANY	MARYLAND	a. STATE PENN	AT P. CON	BEDFORD ,
1		b CITY OR TOWN (If autside carparate 1+mits,	C LENGTH OF STAY IN 16		side carporate limits, write RUE	
		write RURAL and give nearest town) CUMBERLAND	11 DAYS	RT. 3. BE	EDFORD. PA.	,
H		d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital,		d STREET ADDRESS	DI UND. IN.	e IS RESIDENCE
1/1		MEMORIAL HOSPITAL	,	1		ON A FARM? YES NO
ł	3	NAME OF First	Middle	Last	4 DATE Mont	
\		DECEASED	M. L	LEWELLYN	OF C	EB. 23 19 67
	5	A S P S S S S S S S S S S S S S S S S S		B DATE OF BIRTH	9. AGE (In years	I IF UNDER I YEAR IF UNDER 24 HRS
4		FEMALE WHITE WIDOWED		8-5-90	lo <u>st</u> burthday)	Months Days Hours Min
ŀ	_		KIND OF BUSINESS OR		State, or fareign country)	12 CITIZEN OF WHAT
	dun		NDUSTRY	MD .	salate, ar idle gir coomity)	COUNTRY? U.S.A.
Ì	13	FATHER'S NAME	-	14. MOTHER S MAIDEN N	AME	
		WILLIAM MATTHEWS		ANNIE	LOWERY	
	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO 17. I	NFORMANT	Addre	225
	{Te	(If yes give wor or dotes of service)	05-30-590L M	EMORIAL HO	OSPITAL CUI	MBERLAND, MD.
		18. CAUSE OF DEATH (Enter on y one cause per line to PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause (c) Lost	sucto Con	Per/neone	la clue	NTERVAL BETWEEN ONSET AND DEATH
		PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CON	DITION GIVEN IN PART A(o)	19. WAS AUTOPSY
- 1	(T10)	Christen,	Apleu to	1911	1 Cosentin	PERFORMED?
	L CERTIFICATION		ESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in P	art I ar Part II of Item 18.)	
	MEDICAL	Hour a.m. While		CE OF INJURY (Home, form, ary, street, office bldg, etc.)	20f (City or town)	(County) (State)
		21. I certify that (I) (this haspital) atter saw the deceased alive on	nded the deceased from and that	1 death accurred at.		and an the date stated above
		220 SIGNATURE PROPERTY.	MI MI). PHYS	MED. STAFF DIRECTOR PHYS.	22b DATE SIGNED
			HIMPELWRIGHT	22d ADDRESS CUMI	BERLAND, MD.	•
	230	BURIAL (REMATION, 236 DATE THEREOF	23c NAME OF CEMETERY OR		23d. LOCATION (City or To	
3		*BUX41811(Y) 2/26/67	Sunset Memori	al Park		Ullegany Maryland
	24	FUNERAL DIRECTOR	ADDRESS			GISTRAR'S SIGNATURE
		H. Lee Silcox Cumberla	nd Maryland 215	O2 DATE F	EB 2 8 1967	Minney Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital or attending physician.

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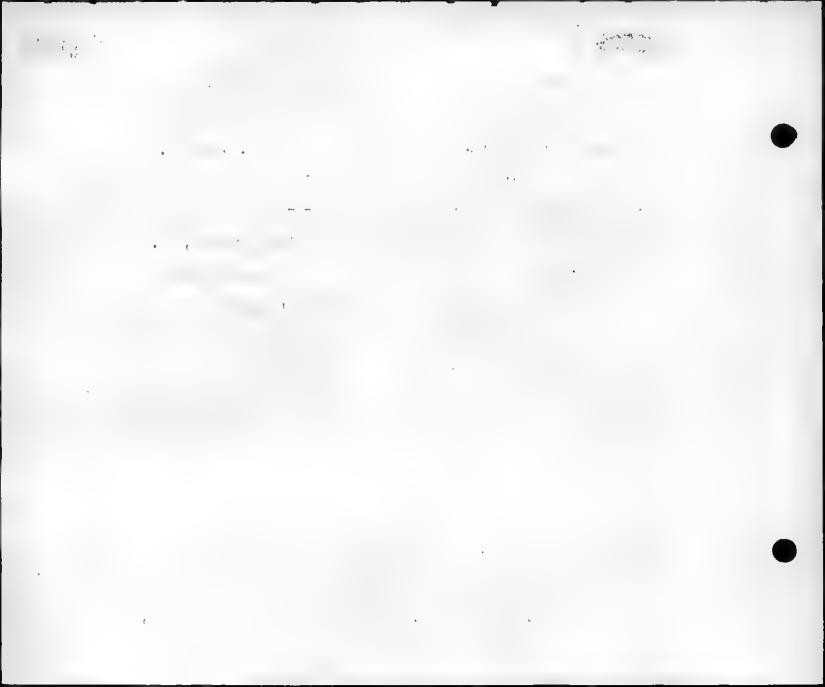
24 hours aften death. TO CONFITAL BY ITTENDING PRYFICENS: The law requires that the Leath Bertificate by exemuted mithin Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISIO	N OF STATISTI	CAL RESE	ARCH AND RECOR	DS, 301 W. I	PRESTO	N STREET, E	BALTIMORE	1, MARYI	LAND
	01578			CERTIFICA	TE OF D	DEATH			- {	11575
1.	PLACE OF DEATH	Н					E (Where deceased		tion: Residence	before admission)
	e. COUNTY	Allegany		MARYLAND	a. STA		arvland	b. COUNTY	Allega	o nv
1—	b. CITY OR TOW	N (if outside corpora and give nearest tov	te limits,	c. LENGTH OF STAY IN 1			outside corporat	e limits, write i		
	write RURAL	and give nearest too	rn)			Cı	umberland	4		
			ON (If not in h	ospital, give street addres	d. STREET		MINOGI ZGIIC	A	1	. IS RESIDENCE
		d Heart Ho				15	N. Chase St. YES N			
3.	NAME OF	F	irst	Middle	Last	l	4. DATE	Month	Day	Year
	(Type or print)	Mar		Agnes	Maguir	e	OF DEATH	2	ונ	19 67
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF		9. AGI	E (In years IFU	INDER 1 YEAR	IF UNDER 24 HRS.
1	Female	White	WIDOWED		11-1	-95	145	t birthday) Mor	nths Days	Hours Min.
10	a. USUAL OCCUPAT	ION (Give kind of work	done 10b. K	IND OF BUSINESS OR	11. BIRTH	IPLACE (Co	ounty & State, or fo		12. CITIZEN	OF WHAT
aui	ring most or work House	ing life, even if retire		NDUSTRY Own Home	L	ittle	Orleans,	Md.	COUNTRY	USA
13	FATHER'S NAM					ER'S MAID				CDIA
	John	Keifer				Marg	aret Fahe	T/		
15	. WAS DECEASED	EVER IN U.S. ARMED FO	PRCES? 16.	SDCIAL SECURITY NO. 1	7. INFORMANT		42 00 2 0110	Address		
CY	es, no, or unkown)	(If yes pive war or dates	of service)		patien	tite of	nert			
=	I 18 CAUSE DE	OFATH (Enter only or	e cause ner i	ine for (a), (b), and (c),]	padacii	0 0 0	IIda o		INTE	RVAL BETWEEN
	PART 1. OF	EATH WAS CAUSED BY	1. 1.4.	drotheras	Comi	· A is	heart fact	Perco L+1		ET AND DEATH
	4	IMMEDIATE CAUSE	(a)	orra (act 214	2000	corne	near your		- 3	teasetter.
	Conditions, 1f		(b) (f o	terroceleso ja	Herest	Proce.	م ب		10	y y
	gave rise to cause (a), s								10	Une
	underlying caus		(0)	perfect or it	tead to	Lauce				77
NO				ITING TO DEATH BUT NOT R	ELATED TO THE T	ERMINAL D	ISEASE CONDITIO	ON GIVEN IN PAR	T 1(a) 19.	WAS AUTDPSY PERFORMED?,
CAT	me tople	anewgens	of The a	outa : Thorsein	, abeldeuse	y acr	Wesself. or	es of the	YE	
CERTIFICATION	20a. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW INJURY OF	CCURRED. (Ente	r nature of	injury in Part I	or Part II of Ite	em 18.)	
CER	(IF EITHER, NO	ING TO CAUSE DE DEA	NER)	-						
콩	20c. TIME OF	INJURY Month, Day,	Year 20d. I	NJURY OCCURRED 20e. I	PLACE OF INJUR	Y (Home, fa	rm, 20f. (City	or town)	(County)	(State)
MEDICAL	Hour a.r		While	POLYTHIE	ctory, street, off	fice bld g., e	tc.)			
2	01 L coutt			at work		1/	9.577, to	2/14	1067 4	nat (I) (we) last
		e tnat (I) (this nos ceased alive on		ed the deceased from. 1967, and t						
	22a. SIGNATU				ilat death boo	uileu aL	N, IIONI C	2	Zb. DATE SI	GN ED
		X) com	elsin	der	M.D. PHYS.	NG DE	MED. DIRECTOR []	HYS.	2/14	とフ
	22c. PHYSICIA	IN'S C		SOYAN UD	1 224 8	DDRESS			1000	MD
	NAME (Type) S (3) WEISMAN UD ST GLEENE ST CUMBERCLAND MD.									
23	a. BURIAL, CREM	MATION, 23b, DATE	THEREOF	23c. NAME OF CEMET			23d. LOCAT	ON (City, town	or county)	(State)
	Burial (SD	ecify) Feb.17	7,1967	St. Mary'	s Cemet	ery		land, Mo		
	4. FUNERAL DIRE			ADDRESS	1	25a. RE0	C'D BY REGISTRA	R 25b. REGIS	STRAR'S SIGN	ATURE
1	dames F.	Scarpelli	, Cumb	erland, Md.		DATE	100 17	1967 4	Charl	as Quelas

VR AI5 (4) C 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01579 CERTIFICATE OF DEATH . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission, a. COUNTY b. COUNTY ALLEGANY MARYLAND MARYLAND b. CITY OR TOWN (if autside carparate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate fimits, write RURAL and give nearest tawn) **CUMBERLAND** DAYS d. NAME OF HOSPITA, OR INSTITUTION (f nat in haspital, give street address) d STREET ADDRESS IS RESIDENCE MEMORIAL HOSPITAL SHRIVER AVENUE NO Y 3 NAME OF Middle REBECCA Last Year MARX DECEASED EBRUARY 6 19 (Type or print) 5 SEX 8. DATE OF BIRTH AGE (n years JE UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED b rthday) WHITE FEMALE 5-31-1893 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) COUNTRY? during most of working life, even thretired) INDUSTRY LITHUANIA 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME HAROLD FINE FLORENCE ROSENTHA 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, ar unknown) (If yes give war or dates of service CUMBERLAND. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' **DUE TO** Conditions, if any, which gave rise to immediate cause (a). DUE TO stoting the underlying cause lost. WAS AUTOPS! PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? CERTIFICATION artenorelevous NO 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, affice bldg , etc.) Not While at wark at wark 196 62 ta 21. I certify that (I) (this hospital) attended the deceased from 4 Dec. 19 6 Othot (1) (we) lost and that death occurred at 2:2 M, from courses and on the date stated above. 1967 saw the deceased alive on. 22a. SIGNATURE DIRECTOR PHYS. 22d, ADDRESS 22c. PHYSICIAN S NAME (Type) CENTRE ST. . CUMBERLAND, MD. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL CREMATION 23b. DATE THEREOF (State) REMOVAL (Specify) ComeTer Ind. urial REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE FUNERAL DIRECTOR

requires that the death certificate be executed within 24 hours after death.

funeral

I campletely filled in brave carbon papers.

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attending phys permit Than pion, ar remaval,

signed by the atter burial-transit permit burial, crematian, o

as the has been

Health 1

TO FUNERAL DIRECTOR: After this certificate

director, page 3 should be filed v

VR A15 (4) 20 M 1/66

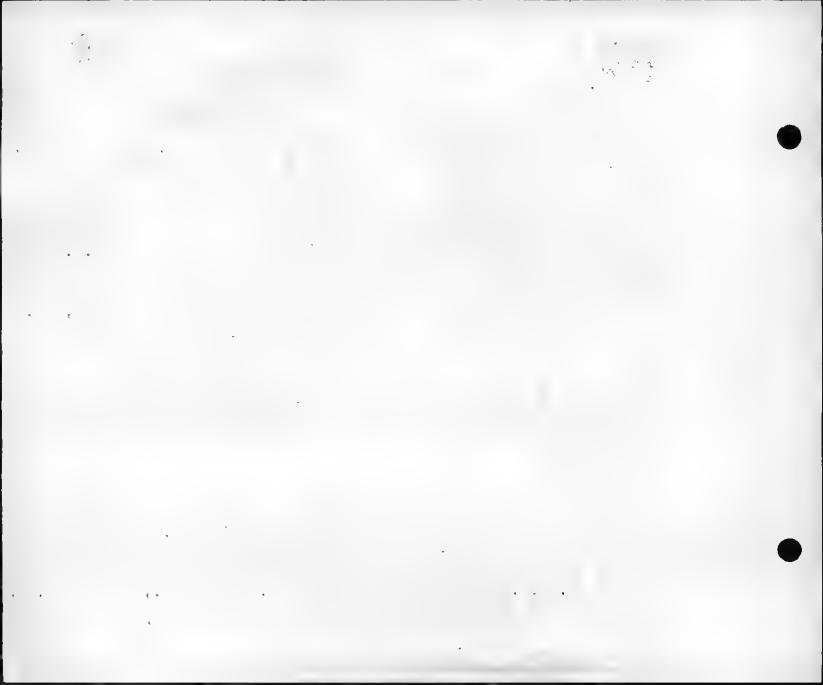
physician.

by the hospital ar

be retained

Page 4 may

in any event,



FOR STATE MEALTH DEPT.

Department after death. cessary, funeral may be delay X and 3 to the figure 2 and 3 to the figure 3 and 5 m and 5 m State 2, and PM3. 2 with within ive Pages 1, with form 1 after death. If l and a Give in pencil in Item 18. Examiner's Office alon 24 hours File permit. I executed within "pending" i Medical Ex D. EXAMINER: This certificate should be ex the certificate, writing the word "pendi 4 should be forwarded to the Chief Medica ur files. RECTOR: execute the r. Page 4 s d for your b 8 please ex director. retained f

580 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLANG C. LENGTH OF STAY IN 1b Write RURAL and give nearest town) d. STREET ADDRESS LaVale d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE * 1 ON A FARM? NO TY 539 National Highway 539 National Hwy LaVale Md. 3. NAME OF DATE Year Middle 4. #22 72 DECEASED (Type or print) DEATH 1967 Lee B. Mathews February AGE (In years | FUNDER 1 YEAR | FUNDER 24 HRS. | Hours | Min. 5. SEX 6. COLOR OR RACE | 7. MARRIEO Y | NEVER MARRIEO 8. DATE OF BIRTH WIDOWED GIVORCEO Male 1891 White May 6. 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. B!RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INOUSTRY COUNTRYT pages I in any Medical Dector

13. FATHER'S NAME Doctor Maveville Ga 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Carria Ross 10. LUGIT SECURITY NO. 17. INFORMAN (Yes, no, or unknown) | (If yes pive war or dates of service) 539 National Hay Yes Mrs. Carrie 18. CAUSE OF OEATH (Enter only one cause per line for (a), (b), and (c), ONSET AND CEATH PART I. DEATH WAS CAUSED BY: burfal-transit per cremation, or r OCCLUSION SUDDEN CORONARY IMMEDIATE CAUSE (a) 11 56 (1) **OUE TO** SCLEROSIS CORONARY Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the . 0 underlying cause last. used as to burial, (c) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) CERTIFICATION PERFORMEO? YES T NO IX 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 모급 3 should agent, p MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | (State) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Oay, Year factory, street, office bldg., etc.) Hour a.m. White Not While CTOR: Page designated at work | at work Inquiry XI. and in my opinion Inspection w, 21. I certify that I took charge of the remains described above, held an Autopsy Homicide Undetermined manner death resulted from: Natural causes Accident Suicide CHIEF MEDICAL EXAMINER 13 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 0 DEPUTY MEDICAL EXAMINER T February 20. 1967 FUNERAL I **EXAMINER'S** SKITARELIC BENEDICT M.D. Address (Street, city, town, or count@UMBERLAND, MARYLAND NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Maryland Park Cumber land By REGISTRAR 25b. REGISTRAR'S SIGNATURE VR ALSME (5) 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #9 Film #G. 1201 P. 100 P. 1 CERTIFICATE OF DEATH 01501

		OTOOK			CERTITI	CAIL	OI DEATH			1157	<u>R</u>	
		PLACE OF DEATH D. COUNTY	Allegany		MARYL	AND	4747-	Where deceosed lived, if a yland	The street	siderice before		n)
	ŀ	City OR TOWN (I write RURAL and	outside carparate limit give nearest tawn) Land	5,	6/8/1913			its de corporote limits, wr berland	ite RURAL and	d give nearest	tawn)	
			L OR INSTITUTION (If no	t in hospital, a	ive street oddress)		d STREET ADDRESS				IS RESID	
		Allegan	y County	, ,	mary		FURN	ACE STREET	EXT.		ON A FA	NO.
	(NAME OF DECEASED Type or print)	Joi	rst DT	Middle	M	avinick	of Febr	Month	19 ^{,00}	Yea 19	67
	\$ 5	Male	6 COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED D VORCED	1 8	UNKNOWN	GE AGE (In ye	gy), Mon	ths Doys	Hours	Min Min
	10o durii	US_AL OCCUPATION ng most of working I NONE	(G ve kind of work done ite, even if retired)		ND OF BUSINESS OR DUSTRY NONE		,	& State, or foreign country) 1	2 CTIZEN OF COUNTRY? UNKNO		
	13.	FATHER S NAME	UNKNOWN	<u> </u>				INKNOWN				
			R IN U.S. ARMED FORCES? (If yes give wor or dotes s	f service#	NONE			ox 599, 0 unty Home				•
,	1,0M	Conditions, if ony, nse to mmed at storing the under lost.	lying couse Duri	(1) D MU 10 (2) Q 10 (3) A 10 (4) A 10 (4) FACO	rlenes of atterns	CA TED TO T	sei gen an pa	Pelern (at	z Sarefie Hijo	AP PONI	WAS AUTO PERFORME S	EATH
	L CERTIFICATION	20o ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	205. DE	SCRIBE HOW INJURY OCC	URRED (Enter noture of injury in	Port I or Port II of item	18.)	,	<u> </u>	
	MEDICAL	Hour o.m p.n	19	While of work	Not While of work	focto	E OF INJURY (Home, form ory, street, office bldg., etc.			(County)	· ·	Stote)
		21. I certif	y that (I) (this has ceased alive an_	pital) attend 2/18/	ded the deceased f	ram_ C nd that				19 <u>67,</u> th on the date		
		22o. SIGNATURE	Meera	Leens	7	M.D		MED STAFF PHYS.	X 22	2/20/		
No. of Concession, Name of Street, or other Persons, Name of Street, or ot		22c PHYSICIAN'S NAME (Type)	Lee B. 1	iathew	s, M. D.		22d. ADDRESS 49 Gre	ene St.,C	umbei	cland,	Md	•
	230	BURIAL, CREMATIO REMOVA (Specify) BURIAL	N. 236 DATE TH		23c NAME OF CEMET ALLEGANY		REMATORY TY CEMETERY	23d LOCATION (City CUMBERI		(County)	(St	tote)
	24	FUNERAL DIRECTO			ADDRESS			D BY REGISTRAR 2	Sb. REGISTRA	R'S SIGNATUR	E	
		BY	RON KIGHT		CUMBERLAND	, MD	DATE I	FR 5 (186	1 Ac	hanle	Jus	· A

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health prior ta burial, cremation, ar remaval, and in any event, within 72 hours after desta IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
O1599
CERTIFICATE OF DEATH

=			
1.	PLACE OF DEATH a. COUNTY Allegany	2. USUAL RESIDENCE (Where deceased lived, 15 institution: R e. STATE Maryland b. COUNTY All	esidence before admission) egany
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Lumber Land	c. CITY OR TOWN (If outside corporate limits, write RURAL	
			1 /
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Sacred Heart Hospital	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO 25
3.	NAME DF First Middle	Last 4. DATE Month	Day Year
<u></u>	DECEASED (Type or print) William Frederick	McCormick DF 2	17 1967
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED A STATE OF THE MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER last birthday) Months	Days Hours Min.
10:	THE STREET	yrs.	TIZEN OF WHAT
dui	B. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) NONE NONE	CC	OUNTRY?
13	FATHER'S NAME	Cumberland. MD. U	allalla
	Charles McCormick	Anna Pleasant	
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
	NO 220 17 6 855	Patient's Chart	
	18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Right Heart Failur	~ er	1 day
	5d6X DUE TO		
	Conditions, If any, which Bronchiectasis		20 years
	gave rise to immediate (
	cause (a), stating the DUE TO underlying cause last. (c)		
8	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
ICAT	Pulmonary Fibrosis Emphysema		PERFORMED?
CERTIFICATION		IRRED. (Enter nature of injury in Part I or Pert II of Item 18.)
MEDICAL	factor	CE OF INJURY (Home, farm, 20f. (City or town) (Courry, street, office bldg., etc.)	nty) (State)
MED	p.m. 19 at work at work		
	21. I certify that (I) (this hospital) attended the deceased from	2 + 11 1967 to 2-17 1967	that (I) (we) last
		death occurred at M. from the causes and on the	he date stated above.
	22a. SIGNATURE D		ATE SIGNED
	Cae, le la Decen M.D	ATTENDING MED. STAFF DIRECTOR PHYS. 2-17	-67
	22c. PHYSICIAN'S	22d. ADDRESS	
	NAME (Type) Ralph W. Ballin, M.D. 62 Gre	ene St. Cumberland, Md. 21502	
23	REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)
	BURIAL FEB. 20, 1967 GREENMOUNT C		
24	BYRON KIGHT CUMBERLAND, MD.	25a. REC'D BY REGISTRAR 25b. REGISTRAR	
	Dittor River Companies, MD.	DATE EB 21 1967 yourse	es Judge
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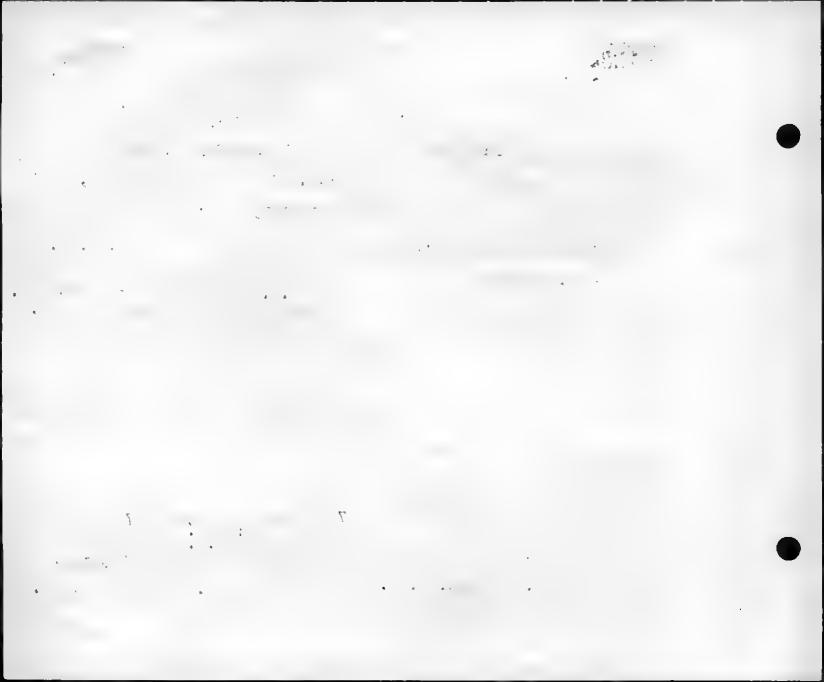
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 01583 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Allegany o. STATE Maryland Allegany b. COUNTY MARYLAND c LENGTH OF STAY IN 16 b CITY OR TOWN (f autside carparate limits, c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Write RURA, and give negrest town)
Cumberland 7/1/1960 Frostburg d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENC ON A FARM? 19 Washington Street Allegany County Infirmary NO TV 3 NAME OF DECEASED Middle Last 4. DATE Month OF DEATH McDonald Fobruary Mary Type or print) S SEX 6 COLOR OR RACE 7 MARRIED B DATE OF BIRTH 9. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED O fost birthday) 11/19/1875 Days Haurs White Female MIDOWED DIVORCED 10b KIND OF BUSINESS OR 10a USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT TI COUNTRY? Housekeeping Retired: Housekeeper Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alice Halfpenny John McDonald Addres umberland. Md. 17 INFORMANT P. U. BOX 599. IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, ar unknown) (If yes give war or dates of service) Allegany County Infirmary records. No 18. CAUSE OF DEATH (Enter only one cause per line for (a), PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave (b) rse ta immediate couse (a) DUE TO stating the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IM PART 1(a) NO. YES 20a ACCIDENT WAS UNDERLYING □ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, 20f (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year Hour a.m. factory, street, office bldg., etc.) While Not While at wark at wark /6/1967 19____, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased from, /1967 19 , and that death occurred at 7:504 saw the deceased alive an_ Mom causes and an the date stated above 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. X 6 M.D. DIRECTOR PHYS 22d. **ADDRESS** 22c PHYSICIAN'S B. Mathews. NAME (Type) Greene St., Cumberland, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION (County) (State) MICHAEL'S CEM. FROSTBURG 2Sp REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DATE 1967

executed within 24 hours after death completely filled in carban in any requires that the death certificate be physi removal attending p the burial-transit signed by has been the O FUNERAL DIRECTOR: After this certificate Íď detached ATTENDING be retained shauld page director, po should be 1 Page /

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

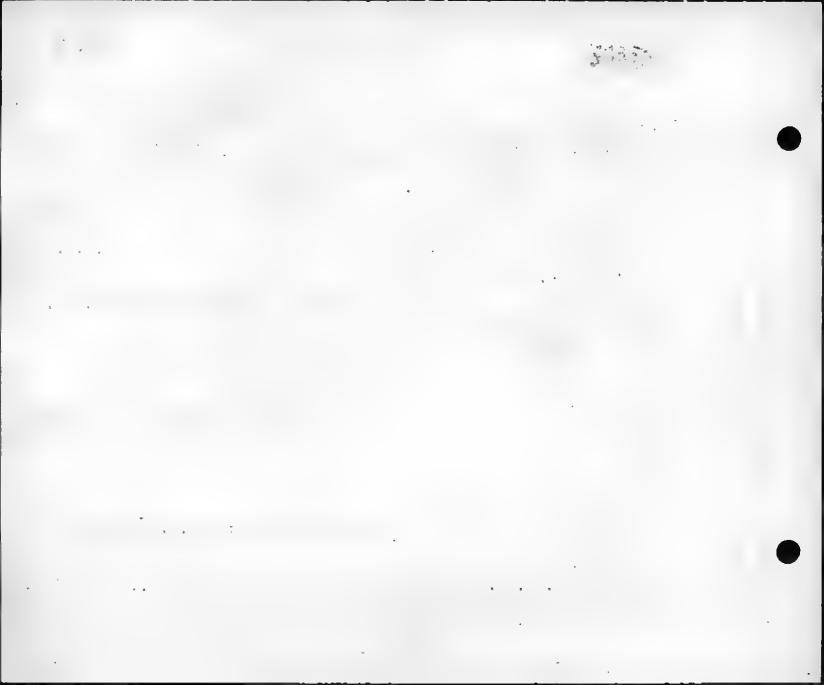
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01581

0158	L		CERTIFICA	AIE	OF DEATH			~	2002
DE COUNTY AL	LEGANY		MARYLANI		2. USUAL RESIDENCE (V	LAND	b. COUN	ALI	LEGANY
	(If outside corporate limits	,	14 DAYS		c. CITY OR TOWN (If au CUMBI	tside corporate l E RLAND	mits, write RUR	AL and give	nearest tawn)
	TAL OR INSTITUTION (IF no) RIAL HOSP	1 , 47	re street address)		d. STREET AODRESS 26 BO	OONE S	TREET		e IS RESIDENC ON A FARM? YES NO
3. NAME OF DECEASED (Type or pnnt)	Fir HA	RRY	Middle E •	1	Lost MICHAEL	4. DATE OF DEATH	Manti FEBR	RUARY	Day Year 25 19 6
s sex MALE	6 COLOR OR RACE WHITE	7 MARRIED WIDOWED	X NEVER MARRIEO DIVORCED] 8	3-27-188		GE (n years orthday) yrs.		YEAR IF JNOER 24 P Days Hours M
	N (Give kind of work dane RED Machin		O OF BUSINESS OR PAILROAD		11 BIRTHPLACE (County WESTERN	_	n country)		ZEN OF WHAT
13 FATHER'S NAME WILL	IAM A. MI	CHAEL			ADA M	EASE			
1S WAS DECEASED EV (Yes, no. ar unknown)	/ER IN J.S ARMED FORCES? (If yes give wor or dates o	of service)	OCIAL SECURITY NO	ME	MORTAL HO	SPITAL	- CUMBE	RLAN	D, MD.
Conditions, if on rise to immedia stating the und	erlying couse	(a) (b) (c) (c)	ewslent C	Cin	do Verrale	aceda Den			INTERVAL BETWEEN
& TIO	SIGNIFICANT CONDITIONS C		RIBE HOW INJURY OCCUR						19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTIN (IF EITHER, NOTIF	G 🗆 CAUSE OF DEATH Y MEDICAL EXAMINER)			Ţ,					
p	.m. 19	While at work	Not While at wark	focto	E OF INJURY (Home, farm ory, street, office bldg., etc.)		ity ar town)	(Cour	
saw the	tify that (I) (this has deceased alive an	pital) attendi	ed the deceased fra	m that	death accurred at	92:2 M, f	rom couses		_ , that (I) (we) e date stated ab
22a SIGNATURI 22c PHYSICIAN	71/1/1/2	lle	1/1	M.D	ATTENDING PHYS. 22d ADORESS	MED OIRECTOR	STAFF PHYS	19	TE SIGNED
NAME (Typ	e) DR. G.		MAELWRIGHT		133 V		A AVE		BERLAND,
KINGAY-Total	Feb.28	,1967	Sunset Men	or			rland,	Md.Al	legany
James F	OR Scarpelli	, Cumb	erland, Md.		2Sq REC'E	MAR 1	25b RE	GISTRAPS	ENATURE Jud

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burnal-transit permit. Then place, remaye carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burnal, crematian, ar remayar and any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dead Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND STATE DEPARTMENT OF HEALTH

	01585	CERTIFICATE	OF DEATH	0.	1582
1.	PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2 USUAL RESIDENCE (V O. STATE MARY	Vhere deceased lived, if institution Reside LAND b COUNTY A	LLEGANY
	b CITY DR TDWN (If autside carparate limits write RURAL and give neares town)	3 DAYS	c. CITY OR TOWN (If ou	tside corporate limits, write RURAL and go LE	
	d NAME OF HOSPITAL OR INSTITUTION (if not in baspita,	•	d STREET ADDRESS	20011110 00	e IS RESIDENCE ON A FARM?
	MEMORIAL HOSPITAL			P GROUND RD.	YES NO 🔀
	NAME OF DECEASED (Type or print) BERNICE	Middle VIRGINIA	NIES	OF FEBRUARY	16 19 67
S	FEMALE WHITE WIDOWED	DIVORCED	2-4-01	9 AGE (In years IF UNDER Manths	Days Hours Min.
		ND OF BUSINESS OR OWN HOME	11 BIRTHPLACE (County CUMBERLAN		PUNERY? A.
13	s. FATHER'S NAME		14. MOTHER'S MAIDEN I		
	ISSAC LONG		HAWK, A		
()	'es, no, ar unknown) (If yes give war ar dotes of service) NO	220-28-9763 MI	NFORMANT EMORIAL HO	SPITAL, CUMBERL	AND, MD.
	18. CAUSE OF DEATH (Enter only one cause per line for PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost. (c)	Erehrol Cas Lesive Levet Cas		Elean Seet Please	INTERVAL BETWEEN ONSET AND DEATH CLOSE TAND DEATH
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFICATION		ESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in	Part I or Port II of item 18.)	
MEDICAL	20c TIME OF INJURY Month, Day, Yeor 20d. I White p.m. 19		E OF INJURY (Hame, farm ory, street, office bldg , etc.)		ounty) (Stote)
	saw the deceased alive on	idea the deceased Irom	1960 , 1 death accurred of	M, from causes and on	
	220. SIGNATURE	ly ly MI		MED. STAFF 22b	DATE SIGNED
	PHYSICIAN'S NAME (Type) DR. G. OVER	ON HIMMELWRI	GHT CUMBE	RLAND, MD.	
	BUTIAL (REMATION, BUTIAL Feb.19,1967		urial Park		(County) (Stote) Allegany
	4. FUNERAL DIRECTOR James F. Scarpelli, Cumb	erland, Md.	1	BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely, filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any every citibin 72 hours after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

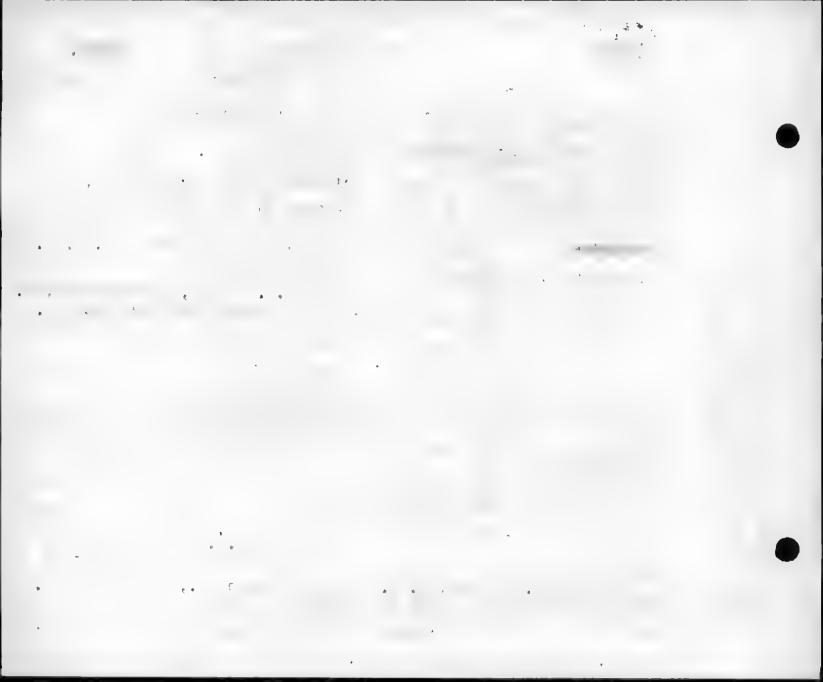
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		01586			CERTIF	ICAIL	OF DEATH			0158	33	
		PLACE OF DEATH	4.5.4				2 USUAL RESIDENCE (V		d lived, if institution b. COUN			
			Allegan	*	MARY		Mar.	yland		25 7 77		
	ì	b. CITY OR TOWN (. write RURAL ond Cumbo:	f outside corporate limit I give neorest town) r Land		c. LENGTH OF STAY II		c, CITY OR TOWN (IF ou	tside carporate berlar		AL and give ne	arest town)
	I PLACE OF DE o. COUNTY b. CITY OR TO write RUR d NAME OF I 3 NAME OF DECEASED (Type or prin 5 SEX FOMBI 100 USUAL OCCUIT 13 FATHER'S NU JOH 15 WAS DECEAS (Yes, no, or unkn 100 LAUSE PART		AL OR INSTITUTION (If n	ot in hospitol, giv	e street oddress)		d. STREET ADDRESS					ESIDENCE A FARM?
. 4		Alleg	any Count	y Infi	rmary		511 Faje	tte St	•		YES [
	Ī		Bess	rst 10	Middle Loo	0	Baker	4 DATE OF DEATH	Februa	ry 6		Year 9 67
		Female	6 COLOR OR RACE White	7. MARRIED WIDOWED 5	NEVER MARRIED DIVORCED		5/28/1880	9	AGE (in years Jant birthday)	Months Do		DER 24 HRS. rs Min.
	100	USUAL OCCUPATION	(Give kind of work done	10b K NI	OF BUSINESS OR	Name of the last	II BIRTHPLACE (County Flintsto			COURT	OF WHAT	A .
	13	FATHER S NAME					14 MOTHER'S MAIDEN !					
		John 1	William I	hompso:	n			Elbin				
	15 (Ye	WAS DECEASED EVE s, no, or unknown)	R N U S. ARMED FORCES? (If yes give wor or dates	of service) 16. SC 2.3	5-32-7015		nformant P.O legany Co					
18. CAUSE OF DEATH (Enter only one couse per time for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO (a) Conditions if any which area DUE TO (a) Conditions if any which area										ricep	ONSET AN	BETWEEN D DEATH
		rise to immediat stating the under last.	e couse (o), ((b) 10 (3) (o	Si lote	as	Catrice	Ps			r	
	AT ON	PART II OTHER SI	GNIFICANT CONDITIONS (ONTRIBUTING TO	DEATH BUT NOT REL	ATED TO 1	THE TERMINAL DISEASE CON	NDITION GIVEN	IN PART I(o)		19 WAS A PERFO YES	NO [
	CERTIFICAT		SUNDERLYING () CAUSE OF DEATH MEDICAL EXAMINER)	205. DESC	RIBE HOW INJURY O	CCURRED	(Enter noture of injury in	Port I or Port	II of item 18.)			
	MEDICAL	20c. TIME OF INJU Hour o.r	10	20d INJ While of work	URY OCCURRED Not While of work		CE OF INJURY (Home, form ory, street, office bldg., etc.)		(City or town)	(County	}	(Stote)
		21. I certi	fy that (I) (this ha	spital) attende 2/6/196	od the deceased	fram 5 and Ma	/12/1965, 1 t death_occurred at	MM,	2/6/19 fram causes of			
		220. SIGNATURE		what	2	M.I	D. PHYS	MED. DIRECTOR	STAFF PHYS.	22b. DATE:	SIGNED /1 96	7
100 Table		22c. PHYSICIAN'S NAME (Type	Têe B. 1	lathews	, M. D.		49 Gre	ene S	t.,Cumb	erlan	d, M	d.
以	230	BURIAL, CREMATIC REMOVAL (Specify			23c NAME OF CEME SS. Peter		crematory		ation (City or Tow	,	inty)	(Stote)
2	24	FUNERAL DIRECTO			ADDRESS			BY REGISTRA	R 25b. REC	GISTRAR'S SIGN	ATURE O	udge.
		11	Maria Good	no Cu	who & Pand	44	DATE	FEB 9	1967	1	CA Y	The state of the s

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending procession and completely filled in by the funeral director, page 3 should be detoched for use as the burnal-transit permit. The process remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death. Poge 4 may be retoined by the hospital or ottending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01587 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY Allegany b. COUNTY Allegany MARYLAND b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (if outside corporate mits, write RURAL and a ve negrest tawn) We's ter most give peorest town) Westernport 23 Yrs d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 506 Marvland Ave. 506 Maryland Ave. YES T NO X 3 NAME OF Middle First Last 4. DATE Month Year DECEASED Joseph Feb. James Pamepinto 21 (Type or print) 19 67 DEATH S SEX AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH IF UNDER 74 HRS 7 MARRIED X ost birthday) Dovs Hours Male White Jan. 15. 1917 WIDOWED DIVORCED 10a JSUAL DECJPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CTIZEN OF WHAT durwa most of working life even if retired)
Digestor Operator Paper Mill COUNTRY? Mineral-West Va. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Peter Pamepinto Virginia Caldrone WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dates of service) 17-05-0987 Gladys Pamepinto-Westernport. Md. 1B. CAUSE OF DEATH (Enter only one couse per lyne for (a), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (n) **DUE TO** Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part Law Port Law Item 18.)

22d ADDRESS

(IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Doy, Year

20e PLACE OF INJURY (Home, form, 20d INJURY OCCURRED Not While

M D

(City or town) factory, street, office bldg , etc.)

(County)

(Stote)

Hour 'o.m. Lerrify that (1) (this hospital) attended the deceased from saw/the deceased alive an 2

at work L

While

Bess. Jr.

1967, to and that death occurred at 5 256M, from couses and on the date stoted obave

DIRECTOR

Piedmont, W. Va.

22b DATE SIGNED 2-21-67

NAME (Type) Robert W.

220 STGNATURE

23b DATE THEREOF 2/23/67 23c NAME OF CEMETERY OR CREMATORY

23d. LOEATION (City or Town) Westernport.

19___, that (I) (we) fast

Burial (Specify) FUNERAL DIRECTOR

230 BURIAL, CREMATION,

Philos ADDRESS Westernport, Md.

250 REC'D BY REGISTRAR

25b REGISTRAR'S SIGNATURE

(Stote)

TO FUNERAL DIRECTOR: VR A15 (4)

and 2 death

My filled in by the funeral oun papers. Pages I and within 72 hours after death

event,

and in any

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burial-transit

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After

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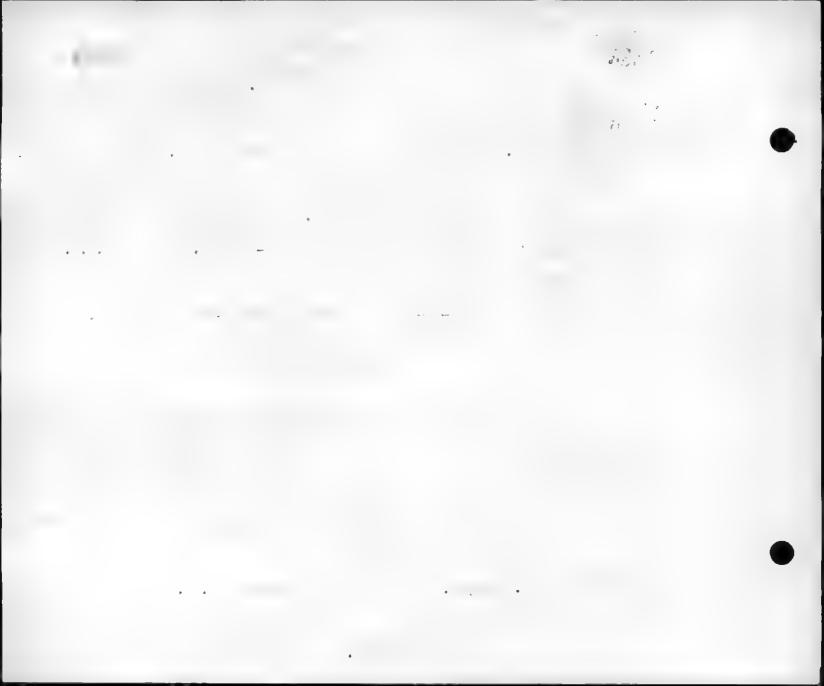
within 24 hiiurs after deatl

executed

INYSICIAL: The law requires that the Jeath certificate

IN HEAFPITAL OR ATTENDED

be retained



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01588 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution, Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY ALLEGANY MARYLAND b CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate mits, write RURAL and give nearest town) write RURA, and give nearest town)
CUMBERLAND SPRINGS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS S RES DENCE ON A FARM? campletely-filled in event, within 72 MEMORIAL HOSPITAL NO 32 Middle pou 3 NAME OF £irst Lost 4 DATE Month Doy Year DECEASED OF PECK LOLA DEATH Type or print) Ġ, IF JNDER 8 DATE OF BIRTH AGE (In years YEAR S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED remove lost birthdoy) Months Dovs Hours 9-2-1909 in any FEMALE WIDOWED DIVORCED gud 12 CITIZEN OF WHAT 100 JS JAL OCCLPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) please COUNTRY? during most of working life, even if retired) INDUSTRY signed by the attending physician burial-transit permit. Then please burial, crematian, or removal, and FORT HILL. PA. TRISENIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HENRY LIVINGOOD NELLIE GROVE attending p permit. The IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) HOSPITAL- CUMBERLAND, MD. MEMORIAL INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line total a) (b), and (s) ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse the the prior to has been S PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? CERTIFICATION YES NO TO FUNERAL DIRECTOR: After this certificate be retained by the haspital ar ē 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) 200 ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. foctory, street, office bidg., etc.) While Not While 19 of work of work 21. I certify that (I) (this haspital) attended the deceased from 1/2 5M, from lauses and an the date stated above. saw the deceased alive an... and that death accurred at 22g. SIGNATURE 22b. DATE SIGNED **ATTENDING** PHYS. DIRECTOR PHYS. director, page 3 should be filed ADDRESS 22c. PHYSICIAN'S NAME (Type) F. WILLIAMS 122 S. CENTRE ST CUMBERI 23o. BJRIA., CREMATION. 235 DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City or Jown) (County) (Stote) REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25b. VR A15 (4) 196 20 M 1/66

executed within 24 haurs after death requires that the death certificate be ATTENDING PHYSICIAN: TO HOSPITAL Page 4 may b Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1		01589		CERTIFICATE	OF DEATH	0.13	586	
		LACE OF DEATH				there deceased lived, if institution: Reside	ince before admission)	
	0	o. COUNTY	Allegany	MARYLAND	o. STATE Maryla	nd b. county Al	legany	
	Ь	CITY OR TOWN (t outside carparate mits,	c LENGTH OF STAY IN 16		tside corporofe imits, write RURAL and gi		
		Lonaco	give neorest town)		Lonac	oning	V / V	
	6	NAME OF HOSPITA	AL OR INSTITUTION (If not in hasp		d. STREET ADDRESS		e 15 RESIDENCE ON A FARM?	
0		Kyle N	lurseing Home		East M	ain Street	YES NO A	
	[NAME OF DECEASED Type or pont)	First MARY	Middle PEF	BLES	OF 2/28/1967	Day Year	
	S. S		6. COLOR OR RACE 7 MARI	0 111100	B DATE OF BIRTH	9 AGE (In years EUNDE	R I YEAR IF UNDER 24 HRS	
		Female	White wipon	3/4	topological and the second	19 Prs Manths	Days Hours Min.	
	10a duni	ng most of yvorking l	life, even if retired)	DE KIND OF BUSINESS OR INDUSTRY	_ ' '		ITIZEN OF WHAT OUNTRY? A	
	13.	None FATHER'S NAME			Lonacor		A	
		Ţ	William Gunn:	ine	Mangan	et Price		
		WAS DECEASED EVE	R IN U.S. ARMED FORCES?		NFORMANT	Address		
	(Ye:	s, no, or unknown)	(If yes give war or dotes of service)	None R	OBERT PEE	BLES Lonaconin	g. MD.	
		18 CAUSE OF DE	ATH (Enter only one couse per lin) / ((SON)	INTERVAL BETWEEN ONSET AND DEATH	
	IMMEDIATE CAUSE (a) Y VYCOCANOLON COMMICA.							
		4	DUE TO	+0.	,		3	
		Conditions, if any,	a couse (o)	henoscleros	15			
		stating the under						
		lost.) (c)	TO APPAIL BUT DOT BELLTED TO T	THE TERMINAL PARTIES COL	DIVION OFFICE (N. CADE 1/)	19 WAS AUTOPSY	
	ATION	PART II OTHER SI	GNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO T	CTE-MOSIS	IDITION GIVEN IN PART 1(d)	PERFORMED? YES NO	
	CERTIFICATION		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	DE DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in l	Part (ar Part II of item 18)		
	MEDICAL	20c. TIME OF INJU Haur o.n	1.		TE OF INJURY (Hame, farm pry, street, office bldg , etc.)		ounty) (State)	
				ttended the deceosed from	, 1	958, 10 Teb. 28, 19	67, that (1) (we) lost	
			eceased alive on 320	23 19 6 7, and that	t deoth occurred at	M, from couses and on	the dote stated above.	
		220 SIGNATURE	Gom	les M.E	ATTENDING PHYS.	MED. STAFF 22b.	DATE SIGNED	
		22c. PHYSICIAN'S NAME (Type)	L.R. MILE	S, JR., M.D	. LONA	CONING P	vg.	
_	23a	BURIAL, CREMATIO	N, 23b. DATE THEREOF	23c NAME OF CEMETERY OR C	CREMATORY	23d LOCATION (City or Town)	(County) (State)	
7		Buri al	3/3/1967	Oak Hill C			D.	
44	24.	FUNERAL DIRECTO		ADDRESS		BY REGISTRAR 256 REGISTRARS	SIGNATURE	
		GEORGE	EICHHORN	Lonaconing, N	D. DATE N	IAR 2 1967 2000	wells Judge	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-trans't permit. Then please remove carbon papers—Pages 1 and 3 shauld be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in dry event, jurthin 72 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66



director, page should be filed Poge 4 may 9

22c PHYSICIAN S

230 BURIAL CREMATION.

NAME (Type)

HAFER

23h DATE THEREOF

Mathews. M.D.

23d LOCATION (City or Town) FROSTRITEG

Greene St., Cumberland, Md.

Allegany

IF UNDER 1 YEAR

Days

12 CITIZEN OF WHAT

MD.

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPS)
PERFORMED?

NO

(State)

(State)

COUNTRY?

(County)

22b. DATE SIGNED

(County)

Manths

S RESIDENCE

ON A FARM?

Year

1967

IF UNDER 24 HRS

U.S.A.

Haurs

NO X

2Sa REC'D BY REGISTRAR REGISTRAR S W. MAIN ST. FROSTBURGE

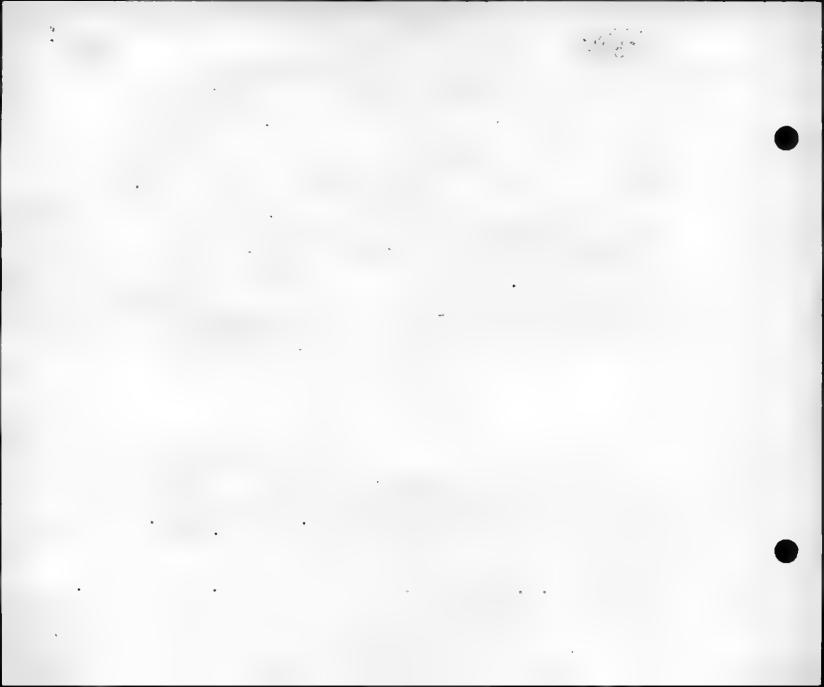
73c NAME OF CEMETERY OR CREMATORY

ADDRESS

PARK

VR A15 (4) 20 M 1/66

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hmurs after dmath



of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEPT.	01591	Division o
f any delay is s 1, 2, and 3 to orm PM3. Page e Department of urs after death.	a. COUNTY b City OR TOWN (I Cumbers In d NAME OF HOSPITA	dive neares
hours ofter of ltem 18 Give Office olong and 2 with the	3 NAME OF DECEASED (Type or pnnt) 5 SEX Female 100 USUA_OCC_PATION dating may be warking	Pani 6 COLOR (White (G ve kind a fe, even if re
hin 24 nord in miner's poges in only	13. FATHER'S NAME	30 1

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DIRECTOR: Page

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission b. COUNTY Marvland Allegany MARYLAND C JENGTH OF STAY IN 1b t CITY OR TOWN (flourside carparate limits, write RURAL and give nearest town) parate limits. tawn Cumberland 40 Yrs. UTION (fingt in haspital, give street address) d STREET ADORESS e IS RESIDENCE ON A FARM? 328 Favette YES NO TO First Midd e 4. DATE Month Porter 28 Feb. DEATH OR RACE AGE (n years F UNDER 1 YEAR IF LINDER 24 HRS 7 MARRIED NEVER MARR FO B. DATE OF BIRTH last birthday) Dec. 6, 1883 WIDOWED E DIVORCED 11 BIRTHPLACE (State or foreign country) 106 KIND OF BUSINESS OR 12. CITIZEN OF WHAT wark dane Own Home red) COUNTRY? Marvland 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME Lawson Montgomery Lousia Kight 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECUR TY NO. Address (Yes, na, ar unknown) (If yes give war or dotes af service Mrs. Leafy Matthews-Westernport. Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) SUDD DEATH PART I. DEATH WAS CAUSED BY Coronary Occlusion IMMEDIATE CAUSE (a) 4001 DUE TO Conditions, if any, which gave Coronary Sc lerosis rise to immediate cause (a). DUE TO stating the underlying cause PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1(6) 19 WAS AUTOPSY PERFORMED? 20g. FXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 1B.) PRIMARY Or CONTRIBUTING CAUSE OF BEATH (County) 20c. TIME OF INJURY Manth, Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) Haur a.m. factory, street, affice bldg, etc.) at work at wark 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry X and in my apinion death resulted from: Natural causes 💢 . 🗚 cident Undetermined monner Suicide Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 28,1967 February **EXAMINER'S** Benedict Skitarelic. M.D. Address (Street, city, town, or coun@amberland, Md NAME (Type) 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) B REMOVAL (Specify) 3/3/67 Philos Westernport Md.

ADDRESS

Westernport, Md.

the furrenal director VR A15ME (5) 6M 1/66

This certificate should be executed within

e, writing the word forworded to the ()

ease execute the certificate,

MEDICAL EXAMINER:

O DEPUTY

4 should

Page

24. FUNERAL DIRECTOR

2Sa. REC'D BY REGISTRAR MAR

1967

2Sb REGISTRAR'S SIGNATURE

1967

NO

(State)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by exercited within 24 hours after duath. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon-papers. Pages 1-and 2 should be filed with the State Dept. of Health prior taburial, cremation, or remaval, and in any event, within 72 hours afferdeath.

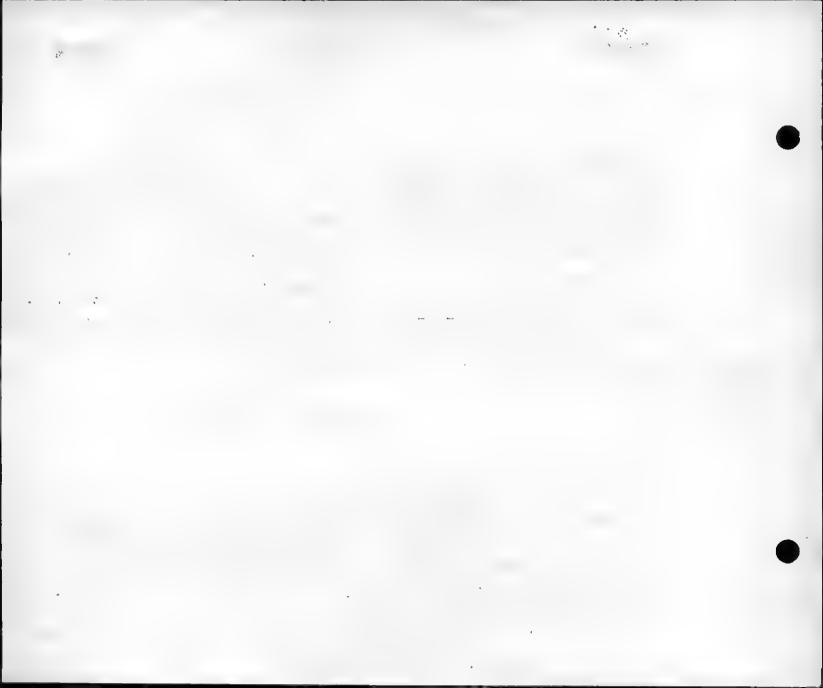
> VR A15 (4) 20 M 1/66

01592

CERTIFICATE OF DEATH

01539

									7000	
25		PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived, if ins	titution: Resider	ice before odmiss	ion)
	Ì	o. COUNTY	LEGANY	MARYLAN	o I	o. STATE MARY	LAND b (COUNTY ALI	EGANY	
Name of the last		b CITY OR TOWN ((If outside corporate I mits,	c. LENGTH OF STAY IN 1	b	c CITY OR TOWN (If ou	tside corparate limits, write	RURAL and giv	e negrest town)	
		write RURAL on	d give negrest town) OSTBURG	2 WEEKS		FROS'	TBURG			,
7			TAL OR INSTITUT ON (If not in	nospitol, give street oddress)		d. STREET ADDRESS			e IS RES	IDENCE FARM2
)		MI	NERS HOSPIT	AL		131	MT. PLEASA	NT ST.	YES	NO X
		NAME OF DECEASED	First	Middle		Lost	O.F.	Month	1	BOT
		(Type or print)	MARIA	G.	QUA	ARTUCCI	DEATH FEBRU	ARY	15, 19	67
	5	SEX	6 COLOR OR RACE 7	MARRIED NEVER MARRIED [8	DATE OF BIRTH	9 AGE (In year	s F UNDER () Months	Days Hours	ER 24 HRS
	_	EMALE	All the state of t	IDOWED DIVORCED	ا ا	APRIL 8,1	888 78 birthdoy	5		Men
	100	USUAL OCCUPATION	N (Give kind of work done	106 KIND OF BUSINESS OR INDUSTRY		11 BIRTHPLACE (County	& State or foreign country)	12 (1	TIZEN OF WHAT	
	du.	HOUSI	life even fretired) EWORK	OWN HOME		COSENZA			U.S.A.	
	13	FATHER'S NAME				14. MOTHER'S MA DEN	YAME			
			AETANO GREC	_			MELE			
			ER IN U.S. ARMED FORCES? I(If yes give wor or dotes of serv	16. SOCIAL SECURITY NO	17. IN	IFORMANT			BURG, N	
		NO		212-54-8041	MR	S. LAWREN	CE TUMMINO	131	T.PLE	SANT
			EATH (Enter only one couse pe	r line for (o), (b), and (c).)					INTERVAL BE	
		PAKI I. DEA	TH WAS CAUSED BY. IMMEDIATE CAUSE (o)	arania					ONSET AND	A.
		5,000	DUE TO						1	
		Conditions, if ony nse to immedial		Guermont	4				10 da	40
		stoting the unde							/	
		lost.	(c)							
A ^{q,p}	20	PART II OTHER S	IGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATE	D TO TI	HE TERMINAL DISEASE COL	NOUTION, GIVEN IN PART 1(0)	19 WAS AU PERFOR	
oc.	CATIC			aneurysen	F	aseend	ma clark	ī	YES 🗌	NO 🔲
	CERTIFICATION	20o ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCU	RED (E	inter noture of injury in	Port of Port II of item 1B.)		
		-	(MEDICAL EXAMINER)	L on L MILLION OCCUPATO A CO	0110	ar ministrat	001 (6)4	1 - 10		/F
	MEDICAL	Your ou		20d INJURY OCCURRED 20 While Not While		E OF INJURY (Home, form ry, street, office bidgart)		(10	unty)	(Stote)
	~	p.i		otwork U otwork U		, ,	2 (-	/	7 5 7 7 70	1 11
			i ty that (I) (this haspital leceased ali <u>ve</u> on) attended the deceased fro		don'th occurred at	9 6 7, to 2 9 65 M, from caus		that (1)	
		220. SIGNATURE		-17 <u>/ 2</u>	1 11101	dealli occorred di	7 20 III, II ulli tuos		AJE SIGNED	o obuve
		ZZU, SIOIMIUKE	Munter 110	sthate.	M.D	ATTENDING PHYS	MED STAFF DIRECTOR PHYS.	D 2/	16/60	,
į		22c. PHYSICIANS	S CONTRACTOR OF THE SECOND OF	a our car	111.0	22d. ADDRESS	DIRECTOR IN THIS.	<u> </u>	70/	
,		NAME (Type	MARTIN M.	ROTHSTEIN, M.	D.	48 BRO	ADWAY, FRO	STBURG	, MD.	
0	230	BURIAL, CREMATIO		23c. NAME OF CEMETER	Y OR C	REMATORY	23d LOCATION (City o	r Town)	(County)	(Stote)
1		BURTAL	FEB. 18, 1	967 SUNSET ME	EMO]	RIAL PARK	CUMBERTA	ND.	MARYL	AND
3	M	ATHER DIFFE	M. SOWERS	HAFER FUNERAL	, н	OME 250-860	BY REGISTRA 967 256	REGISTRARIS	BNATURE	4.
	Y	Millery		W. MAIN FROSTI					00	



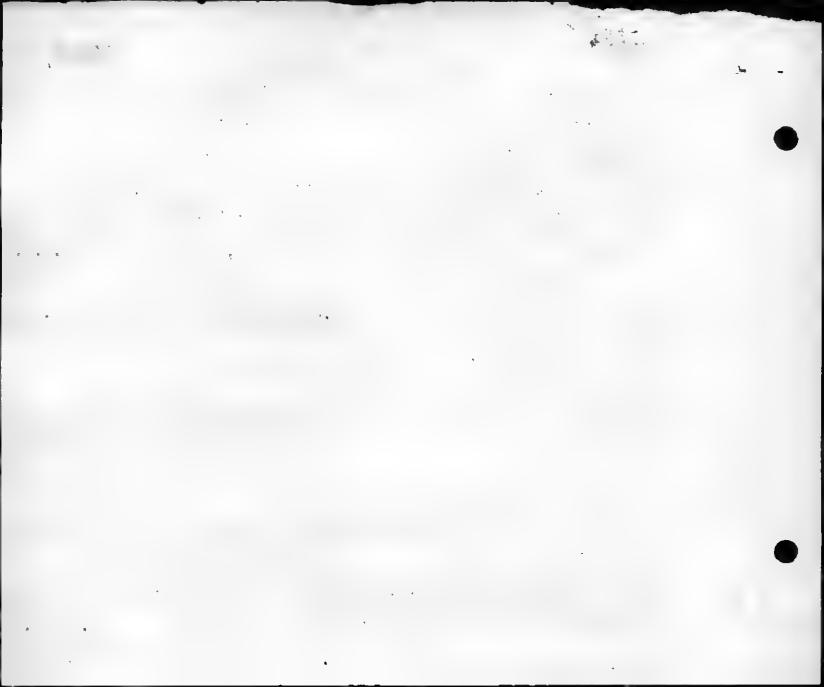
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	01593	3		CERTI	FICATE	OF DEATH			01590	0
	1 PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased (ved,)		Residence before od	mission)
	a. COUNTY A13	Legany		MA	RYLAND	o. STATE Mary	land	b. COUNTY	Allegan	y
	b CTY OR TOWN ((If outside carparate limit	rs,	C. LENGTH OF STAY	IN 3P	CITY OR TOWN (If or	itside corporate fimits,			
	Write KUKAL on	d g ve neorest fown)				Lona	coning		, ", ,	
		TAL OR INSTITUTION (If n	ot in haspital,	give street address)		d. STREET ADDRESS				RESIDENCE N A FARM?
1	Mir	ners Hospi	ital			Stat	e Street		YES	□ NO □
	3 NAME OF	F	ırst	Middle		Lost	4. DATE	Month	Doy	Year
	DECEASED (Type or print)	Jamo	28			Rankin	OF DEATH F	ehrua	UNDER I YEAR FIF.	19 67
	S SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRI	ED 🔲 8	DATE OF BIRTH	. Inct furt	years IF	UNDER I YEAR OF L	JNDER 24 HRS.
	Male	White	WIDOWED		ED 🗌	11/25/	1874 92	yrs		
	10a USJAL OCCUPATION during most of working	N (G ve kind af wark dane		ND OF BUSINESS OR IDUSTRY		11 BIRTHPLACE (County	& State, or fareign coun	(Y)	12 CIT ZEN OF WH COUNTRY?	IAT
	none						ng, Maryl	and		S.A.
	13 FATHER'S NAME					14. MOTHER S MAIDEN				
		James I					Ann Scot			
	(Yes, no, ar unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dates	of service)	SOCIAL SECURITY NO		NFORMANT	1	Address	2 34	a
	no					s.John Sh	оскеу .	Lonac	oning, M	
		EATH (Enter only one co ATH WAS CAUSED BY	use per line for		עוו	aughter"				NO DEATH
	450	IMMEDIATE CAUSE	- C	jenn	<u>nac</u>	-			177	MI
	Conditions, if any		10 (1000	5000	125 50			1100	
	rise to immedio	te cause (a),	(b)		300	~63.5.7			100	
	stoting the unde	riying cause	(c)							
	PART II OTHER S	IGNIFICANT CONDITIONS		TO DEATH BUT NOT R	ELATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART	1(a)	19. WAS	S AUTOPSY FORMED?
2	200. ACCIDENT WA							. ,	YES T	FORMED?
	200. ACCIDENT WA		205. DI	SCRIBE HOW INJURY	OCCURRED. (Enter noture of injury in	Port 1 or Port 11 of iter	n 18.)		
		G CAUSE OF DEATH MEDICAL EXAMINER)								
	₹ 20t. TIME OF INJ	IURY Month, Day, Year		NJURY OCCURRED		E OF INJURY (Home, for		tawn)	(County)	(State)
	Havr o.	m. 19	While at war		} tacte	ory, street, affice bldg., etc.		f		
	21. I cert	ify that (1) (this ha	spital) _h atten	ded the decease	d fram		1960, ta			
		leceased alive an_	Telan	26 1967	and that	death accurred at	2 A M, from			tated abave
	220 SIGNATURE	the same	0			ATTENDING DEL	MED STA	AFF -	22b. DATE SIGNED	. / 5
	22c. PHYSICIAN'S	25/01 NG	Uly	A	M.D	PHYS LZS	DIRECTOR L PH	<u>⟨S. □</u>]	2.27	6/
1	NAME (Type		MILI	=5 JR			4ACON 1	NG	M	D
	23o. BURIAL, CREMATI	ON. 23b. DATE TH		T 23c NAME OF CE	METERY OF		23d. LOCATION (C		(County)	(Stote)
	REMOVAL (Special Burial	230. DATE 1	28/67			Cemetery	2.5	. ,	` ''	Md.
2	24 FUNERAL DIRECTO		0/0/	ADDRESS	11444		D BY REGISTRAR	25b. REGISE		udge.
1	Coommo	Fishham	Т	onconir	~ IV	DATE B	MAR 1 19	51 /	The same	a

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune of directar, page 3 should be detached for use as the burial-transit permit. Then please remane carbon papers Pages 1 and should be filled with the State Dept. af Health priar to burial, cremation, ar removal, and in any event, within 72 nours after deat

VR A15 (4)



			DIAISION OF STATIST	ICAL RESEA	AKCH AND RECURL	13, 301	W. PRESIUM SIKE	CET, BALTIMURI	E, MAKTLANI	3 21201	
~ [IV]		01594			CERTIFI	CATE	OF DEATH			0.1	591
ord ord		PLACE OF DEATH O COUNTY	Allegany		MARY	AND	2 USUAL RESIDENCE (Where deceosed live yland	d, if institution F b COUNTY	Alle	
Pages 1		Cumbe	f autside corparate limits, l give neorest town) riand		6/15/196			utside corparate limit borland			
ity litted in by it ban papers. Pag within 72 hours			ny County				d. STREET ADDRESS 30景 Virg	inia Av	enue	- 1	e IS RESIDENCE ON A FARM? YES NO X
		NAME OF DECEASED (Type or print)		rtha	Williams Mc Kendri	ck	nnie	4. DATE OF DEATH	Month Feb.		19 67
	F	emale	6 COLOR OR RACE White	7 MARRIED WIDOWED			DATE OF BIRTH 3/24/1889	177	birthdoy) Mo	INDER 1 YEAR nths Doys	Hours Min.
ens ond	Ħ	erinadi:	(G ve kind of work done Charge han		ND OF BUSINESS OR	Cor	11 BIRTHPLACE (County	t, Mary	land	12 CITIZEN OF COUNTRY?	• A •
affending plysican a permit. Then prease ian, or remayor est in			lox Willi				14 MOTHER'S MAIDEN Cathorin	e Will		-	1
attendin permit. ian, or re	(Ye	WAS DECEASED EVE s, no, or unknown) n O	R IN U.S. ARMED FORCES? (If yes give wor or dates of		SOCIAL SECURITY NO .7-10-5432	1 .	FORMANT P.O.B.				land,Md cords.
by the after transit perr crematian,		18 CAUSE OF DI PART I. DEA	ATH (Enter on y one cous H WAS CAUSED BY IMMEDIATE CAUSE (terio Sch	ent	To local	Coverse	een	ON	ERVAL BETWEEN SET AND DEATH
signed by the burial-transit burial, cremat		Canditions, if any,		o des	ecce 01	Lyp	J Herri	oy () C	exclus	2	
C 0 0		stating the unde	lying couse Dut	o acpira	party a	ry	* Week	7			<u>-</u>
	CATION	PART II OTHER SI	GNIFICANT CONDITIONS CO	NTRIBUTING T	TO DEATH BUT NOT RELA	TED TO TH	E TERMINAL DISEASE COI	NDITION GIVEN IN P.	ART 1(a)		WAS AUTOPSY PERFORMED? ES NO
# o # o	L CERTIFICATION		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DE	SCRIBE HOW INJURY OCC	URRED (E	nter nature of injury in	Part I ar Part 11 of i	item 18)		
After this certi d be detached e State Dept. a	MEDICAL	Hour o.r p.r	n. 19	While at work	Nat While	focta	OF INJURY (Home, form y, street, affice bldg., etc.))	or town)	(County)	(State)
DE: Afte		saw the d	fy that (I) (this host eceased alive an <u>2</u>	11/6	ded the deceased f	ram_o/ nd that	death accurred at	P M, fror	n causes and	an the dat	
e 3 sho		22a SIGNATURE	Mileo	theer	3 6	M.D	ATTENDING PHYS	MED DIRECTOR	STAFF PHYS	2/13/1	1967
ar, pag d be fil		22c PHYSICIAN'S NAME (Type			ws, M. D.			ne St.,			
TO FULL RAE INTECTOR: After this cell director, page 3 shauld be detache should be filed with the State Dept.		BURIAL, CREMATIC			Sunset M		ial Park	1	(City or Town) rland, M	(County	

25b. REGISTRAR'S SIGNATURE

2Sa. REC'D BY REGISTRAR

196

Page 4 may be retained by the hospital ar attending physician.

24. FUNERAL DIRECTOR

James F. Scarpelli, Cumberland, Md.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W PRESTON STREET

	01595	CERTIFICAT		•	01592
1.	PLACE OF DEATH 8. COUNTY		a. STATE	b. C0	institution: Residence before admission, DUNTY
	b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)	MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	vland outside corporate ilmits,	Allegany write RURAL and give nearest town)
-	Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If no	DOA t in hospital, give street address)	Mt. Savage		e. IS RESIDENCE
	Sacred Heart Hospital				ON A FARM? YES NO E
3.	NAME OF FIRST DECEASED	Middle	Last	OF	nth Day Year
I	(Type or print)	Albert	Rice	DEATH 2/	1.2/ 1957
5.	SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year	rs IF UNDER 1 YEAR IF UNDER 24 HRS y) Months Days Hours Min.
	11070	OWED OIVORCEO	6/22/1894	72 yrs.	
	a. USUAL OCCUPATION (Give kind of work done 1 ring most of working life, even if retired)			ounty & State, or foreign coun	COUNTRY?
		tate Road Dept.	Maryl	and	U. S. A.
13	. FATHER'S NAME		14. MOTHER'S MAID	EN NAME	
	George P. Rice		Sad	ie Reeser	
15 (Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unkown) (If yes give war or dates of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT	Add	ress
1	7,70	214-07-0303 Alt	ert P. Rice	, Corrigansvi	ille, Md.
-	18. CAUSE OF DEATH [Enter only one cause				I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Myccardial Failu	1798 ×		ONSET AND DEATH
	DUE TO	ARTERIOSCIER	,		
	Cenditions, if any, which (b)	Arte riescle rot	ic Heart Di	sease	30 yrs.
	gave rise to immediate cause (a), stating the DUE TO				
	underlying cause last. (c)	Generalized arte			
S.	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL D	ISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CERTIFICATION	None				YES NO#
TIE		Ob. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury in Part 1 or Part 1	of Item 18.)
CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)	K	Vone		
CAL		Od, INJURY OCCURRED 120e, PLA	CE OF INJURY (Home, fa	rm, 20f. (City or town)	(County) (State)
MEDICAL		While Not While Tactor	ry, street, office bldg., et	(C.)	
-	21. I certify that (I) (this hospital) at		m17 7. 10	65 to Fab. 12	, 19 67, that (I) (we) last
	saw the deceased alive on Fob.		death occurred at 1	-45MENom the cause	es and on the date stated above.
	22a. STONATURE	Joseph Grand River	. Death boothica at	THE IN THOSE CHE GOOSE	22b. OATE SIGNED
L.	James Haceine	W.D	ATTENDING . PHYS.	MED. STAFF PHYS.	2-14-67
	22c. PLYSICIAN'S NAME (Type)		22d. ADDRESS		
		linsn M. D.	140 Bedf	ord St. Cumb	erland, Md.
23	a. BURIAL, CREMATION, 23b. DATE THEREOF			23d. LOCATION (City,	
2	Burial Feb. 14. 1	967 Methodist C	emeterv	Mt. Savag	re, Md.
	. FUNERAL DIRECTOR	ADDRESS	25a. REC	D BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE
	Joseph R. Durst, Sr.,	Frostburg, Md.	DATE	B 1 6 1967	y Charles Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 O1ED2

	01220			CERTIFICATE	OF DEATH			01939
	PLACE OF DEATH				2. USUAL RESIDENCE (Whe	re deceased lived, if institu	tion Residence	pefore admission)
	a. COUNTY A	LLEGANY		MARYLAND	O STATE MARYL	AND b COU	NTY ALL	EGANY
		autside carporate 1 mits, ave nearest town) RLAND	9	HOURS MINUTES	CUMBE		RAL and give no	earest tawn)
	NAME OF HOSPITA	OR INSTITUTION (IF not AL HOSPIT	in hospital, give street a		d STREET ADDRESS 30 RA	CE STREET		e. IS RESIDENCE ON A FARM? YES NO 🛪
	NAME OF	Firs		Middie	Last 4	. DATE Mon	†h	Doy Year
	DECEASED (Type or print)	VIR	GINIA	E.	SCATURRO	DEATH FEBRU	ARY	17, 19 67
,	FEMALE	6 COLOR OR RACE WHITE	7. MARRIED NEVI	DIVORCED 8	3-26-1920	9 AGE (In years birthday) yrs	Months Di	AR IF UNDER 24 HRS. bys Hours Min.
)a	USUA, OCCUPATION ng most of working l	(Give kind of work done fe, even if retired)	10b KIND OF BUSI INDUSTRY Text		11. BIRTHPLACE (Caunty & S CUMBERLAN		12. CITIZE	N OF WHAT
	FATHER'S NAME				14. MOTHER'S MAIDEN NAM	AE.		
	SYLVES	TER PITTM	AN		NORA SHA	D		
15	WAS DECEASED EVER	IN U.S. ARMED FORCES?	16 SOCIAL SECU	IRITY NO 17 I	NFORMANT	Addr		
(10	no	in yes give war ar abres or	3611110	N	EMORIAL HO	SPITAL, CU	MBERLA	AND. MD.
		ATH (Enter only one caus H WAS CAUSED BY: 'MMEDIATE CAUSE (DUE T which gove)) Cleu	te Con	many T	Mosnla	ten	9 Secret
	rise to immediate stoting the under last.	ying cause DUE T						
ATION	PART II OTHER SIG	INIFICANT CONDITIONS CO	NTRIBUTING TO DEATH B	UT NOT RELATED TO 1	HE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(a)		19 WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH	205. DESCRIBE HOW	/ INJURY OCCURRED.	Enter nature of injury in Par	t 1 or Part II of item 18.)		
MEDICAL	20c. TIME OF INJU Haur o.m p.m	10	20d. INJURY OCCU While Not \\ at wark of v	While foct	E OF INJURY (Home, form, ary, street, office bldg., etc.)	20f (City or fown)	(Caunt	y) (State)
	21. I certif	y that (I) (this has ceased alive on	ital) attended the a	leceased from_ 9_67, ond that	deoth occurred at_	8.5 M, from Causes	ond on the	that (I) (we) los date stated above
	22a. SIGNATURE	Clay!	Lun	ET MI		D. STAFF PHYS.	22b. DATE	SIGNED /67
	22c PHYSICIAN'S NAME (Type)	DR. CLAY	E. DURRE	TT	22d. ADDRESS 236 VIRG	INIA AVE.,	CUMBE	ERLAND, M
230	BURIAL, CREMATIO REMOVAL (Specify)	,		ME OF CEMETERY OR		23d LOCATION (City or To		ounty) (Stote)
24	FINERAL DIRECTOR	Feb.19 Scarpelli	A1	lcrest Bu	2Sa. REC D B		EGISTRAR'S SIGN	IATURE
	COLUMN TO TO		*		DATIFEB	23 1967 (CA CA	1 June

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.



250. REC'D BY REGISTRAR

25b REGISTRAR'S_SIGNATURE

requires that the death certificate be executed within 24 haurs after death filled in by the n papers. Page ithin 72 haurs a within remave tarbon and campletely event, in any ease ar remayal, en signed t affending the Dept. of Health prior to has been this certificate by the haspital ar TO FUNERAL DIRECTOR: After 10 HOSPITAL OR ATTEND Page 4 may be retained director, page should be filed

VR A15 (4) 20 M 1/66

24 FUNERAL DIRECTOR

2/14/67

H. Wayne George

ADDRESS

Cumberland, Wid.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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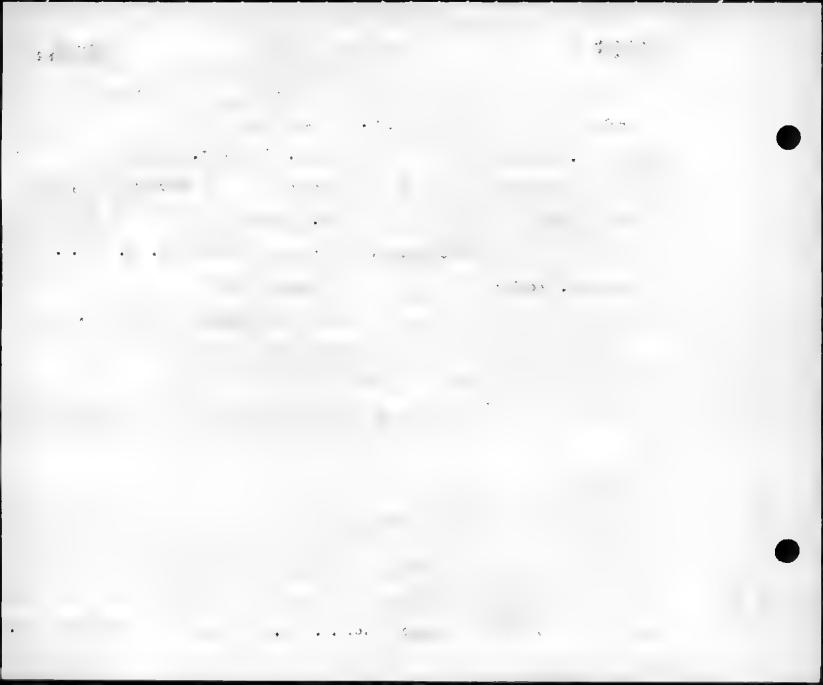
CERTIFICATE OF DEATH

01505

	_								UIUUU			
		PLACE OF DEATH					2 USUAL RESIDENCE (V	Vhere deceased lived, if institution: Ri	esidence before admission)			
	(o. COUNTY	11		A4 A POVE A	3.673	Maryland	b. COUNTY 1	Trans			
	_		llegany		MARYLA							
	I		(If outside corporate limits id give nearest town)	5,	c. LENGTH OF STAY IN	l b	C CIT OR TOWN (IF a)	tside corporate im ts, write RJRAL on	d give neorest town)			
		Cumberla			50 yrs	3.	Cumberla	nd	631			
			TAL OR INSTITUTION (If no	it in hasnital a			d STREET ADDRESS		e IS RESIDENCE			
2 .		a mant of float	III) MOTIOTICAL NO JAI	ii iii iiospaa, j	846 3460 000.0331		1		ON A FARM?			
	A	llegany	Co. Infirmy	7			30 N. Lib	erty St.	YES NO			
	3	NAME OF	Fi	rsf	Midd.e		Lost	4 DATE Month	Doy Year			
	ļ	DECEASED (Type or print)		3	T		0-0-1-1	OF				
	_		Edward		Ray		Sechler	DEATH Jehnuary				
	5	StX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	_ I	B DATE OF BIRTH	9 AGE (n years IF U	INDER 1 YEAR FUNDER 24 HRS.			
		Male	White	WIDOWED	DIVORCED	\Box	Oct. 12,188	9 77 yrs	Ing Dodg Hong Mill			
	100		N (G ve kind af work dane		IND OF BUSINESS OR	-1-			12 CITIZEN OF WHAT			
	duri	ing most of working	life, even if retired)	I IN	IDUSTRY		, ,	a year of arrang rate my,	COUNTRY?			
		Railro		B8	coO Railrose	1	Paddytown	Somerset Co. Pa				
	13	FATHER S NAME					14. MOTHER'S MAIDEN N	NAME				
		Charl	es H. Sechli	er			Minnie O					
	15	WAS DECEASED EV	ER IN U.S. ARMED FORCES? (If yes give war at dotes o	16	SOCIAL SECURITY NO.	17 I	NFORMANT	Address				
		-	(IT yes give war at dotes o	or zervice)		3	Mac Dlamaha	Sechler Somers	at Da			
	-	VO			13.44		HER DIRIGHE	PIEGITTE PIONETAS				
		1B. CAUSE OF U	EATH (Enter only one cou			ر کار	STREEK	oh a arelac-	NTERVAL BETWEEN ONSET AND DEATH			
		PART DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (0) ONSET AND DEATH										
		1.1% DUE TO Calorice testich (b) Myscarletts										
		Conditions, if an	u which agus >	(T)	. Co		10 12	N 50 . 50	Dungat			
	(b) Che dequesality (3) Celes Selectors of DUE TO DUE TO DUE TO CHE CONTROL OF SELECTOR OF											
lost. (d) Yerecke (t) anthreles of Jelle												
		BART II ODIED (TONIFICANT COMPUTIONS C	-	PO BEATH BUT NOT BELAT	ED TO 1	THE PERMANAN PROPERTY CON	DITION CIVES, IN DADT 3/-)	19. WAS ALTOPSY			
10	8	PART II UINEK	IGNIFICANT CONDITIONS C	UNIKIBUTING	TO DEATH BUT NOT KELAT	ED 10 1	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)	PERFORMED?			
ت	CERTIF CATION								YES NO			
	FC	20o ACCIDENT W	AS UNDERLYING	205 DE	SCRIBE HOW INJURY OCC	IRRED	Enter nature of injury in	Part I ar Part II of Item 18)				
	FRT		G CAUSE OF DEATH	200			,	,				
		(IF EITHER, NOTIF	y MEDICAL EXAMINER)									
	MEDICAL	20c TIME OF IN.	IURY Month, Day, Yeor				E OF INJURY (Home, form		(Caunty) (State)			
	ME	Haur a	.m. m 19	While		tact	ary, street, office bldg , etc.)					
		p		at war					10 11 113 / 11			
			ify that (I) (this has	pital) atten	ded the deceased tr	am			. 19, that (I) (we) last			
		saw the o	deceased alive an_		19, an	id tha	t death accurred at	M, tram causes and	an the date stated above			
		220 SIGNATURE	Λ.		7				2b. DATE SIGNED			
		1 1	11119188081	002/	7	M.I	ATTENDING PHYS	MED STAFF DIRECTOR PHYS				
		OD: BUNCICIAN	VILLADA	LUV	7 ///	(72.1	22d ADDRESS	DIRECTOR CO PILIS CO				
4		22c. PHYSICIAN NAME (Typ					ZZG ADDKESS					
-41		1170112 (134)	*1									
	23a	BURIAL, CREMATI	ION, 23b. DATE TH	EREOF	23c NAME OF CEMETE	RY OR	CREMATORY	23d LOCATION (City or Town)	(County) (Stote)			
	_	REMOVAL (Specif	fact.						, ,,			
		uriel	" 2/13/	67	Kingwood I		O.F. Cem.	Kingwood	Somerset Penna.			
	24	FUNERAL DIRECT	OR A	1	ADDRESS	1	a [/		AR'S SIGNATURE ()			
		dance	1 Mein.	Vaca	1 unt	V	18 DATE E	ER 1 5 1967				

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond completely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be differ by the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death. within 24 hours after death. **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be exeguted. Page 4 may be retained by the haspital or attending physician.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

31599 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission a COUNTY o STMaryland b. COUNTY Allegany Page ö death. MARYLAND delov Department CITY OR TOWN (f autside carparate limits write RURAL and give neorest town) CLENGTH OF STAY N 16 c (ITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) and P.M3. after Lonaconing Lonaconing d NAME OF HOSPITAL OR INSTITUTION (f not in haspital give street address) d STREET ADDRESS form Item 18. Give Pages 1, within 72 haurs State [Charlestown St. Charlestown This certificate shaull be executed within 24 hours after death along with 3 NAME OF Middle 4 DATE First Month DECEASED OF the MARY SHOCKEY 2/1967 (Type or print) DEATH with S SEX 6 COLOR OR RACE B DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED last_birthdoy) Female White WIDOWED DIVORCED event Office pup 11 BIRTHPLACE (State or foreign country) IDa. USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR during mast of warking life, even if cut red) HOUSE WITE INDUSTRY Lonaconing 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME pencil rd "pending" in pen Chief Medical Exami Myrtle Metz Joseph Ricker File and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no or unknown) (If yes give war ar dates of service) Гета CHARLES SHOCKEY None Lonaconing, MD No HUSBAND 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY 10 CORONARY IMMEDIATE CAUSE (a) the ward cremation, DUE TO CORONARY SCLEROSIS Conditions, if any, which gave (b) te, writing the farwarded to t rise to immediate cause (a) DUE TO O stating the underlying cause lost burnal,

WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

2Dg EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)

PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 2Dc TIME OF NoRY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home form (City or town)

Accident

Haur am. While Not While at work at wark

Noturo couses X

factory, street, affice blda, etc.) 21 | certify that I took charge of the remains described above, held on Autopsy Inspection X, Inquiry X

ond in my opinion Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER

ACTUAL SIGNATURE **EXAMINER'S** Bebedict Skitarelic Cumb and and aty ball a county)

ASS STANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER XIX

22. DATE SIGNED 2/2/1967

(County)

e IS RESIDENCE ON A FARM?

IF UNDER 1 YEAR

12 CT ZEN OF WHAT

COUNTRYS

Months

Year

IF UNDER 24 HRS

NO

NO T

NAME (Type 23a BUR AL CREMATION Burial Burial

deoth resulted from:

DATE THEREOF /1967 23c NAME OF CEMETERY OR CREMATORY Oak Hill

23d LOCATION (City or Town)

(County) (State) MD.

24 FUNERAL DIRECTOR George Eichhorn

č

CERTIFICAT

MEDICAL

prior to

Health or its designated agent,

90

Lonaconing,

Cemetery | 250° RECT BY REGISTRAR Lonaconina SIRAR REGISTRA SIGNATURE

VR A15ME (5) 6M 1/66

0

the certificate, should be 3 should may be retained far your FUNERAL DIRECTOR: Page Page please execute the funeral director.

AL EXAMINER:

TO DEPUTY



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY b COUNTY ALLEGANY MARYLAND ALLEGANY C LENGTH OF STAY IN 15 b. CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and guye negrest town 6 DAYS FROSTBURG d. NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) A STREET ADDRESS e IS RESIDENCE ON A FARM? MINERS HOSPITAL YES NO TO BROADWAY 3 NAME OF Middle 4 DATE Month DECEASED (Type or print) OF IF UNDER TYPAR DEATH S SEX 6 COLOR OR RACE NEVER MARR ED B. DATE OF BIRTH AGE (In years 7 MARRIED lost birthday) Months HOURS WIDOWED DIVORCED FEMALE WHITE 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? HOUSEWIFE HOME FROSTBURG MD TT S 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaya WILLIAM HOPKINS JANET ANWYEL WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT PROSTBURG MD. (Yes, na Nh nknown) (If yes give wor or dotes of service BRENNEMAN GUNTER HOTEL 213-16-907 MRS. LESTER burial, crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **D**UE TO Conditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying couse 19. WAS AUTOPS' PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH TE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO 205. DESCRIBE HOW INJURY OCCURRED Enter noture of injury in Part I or Part II of item 18.) 20o ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Yeor factory, street, office bldg , etc.) Hour o.m. Not While of work at work 1965 10 2-16 1967, that (1) (we) last 21. I certify that (I) (this becoital) attended the deceased fram, 19 67, and that death accurred at 2430 AM, from causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE MED. STAFF **ATTENDING** 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) C. DIEHL. 9 MAIN ST FROSTRIBG 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION, (Stote) PARK FROSTRURG HAFER VR A15 (4) 4 20 M 1/66 S

funeral 1 and 2 er deathy requires that the death certificate be executed within 24 hours after death papers Pages I v campletely filled in event, within 72 pul signed by the burial-transit p far use as the l Health priartat attending has been TO FUNERAL DIRECTOR: After this certificate by the haspital ATTENDING be retained director, page shauld be filed O HOSPITAL Page 4 may



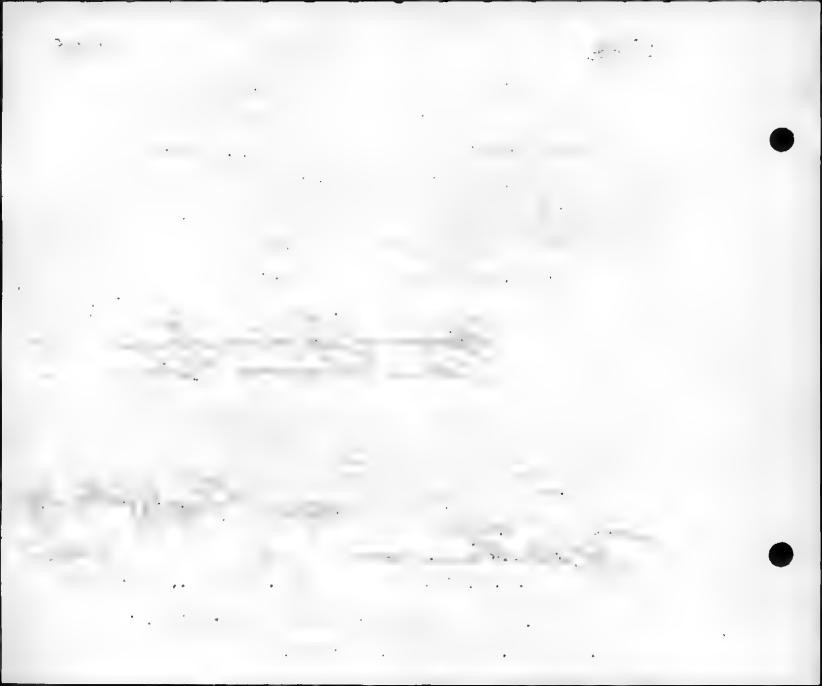
TO MESTIAL OR ETTINING PRYMIAN: The law requires that the mentificate by executal within 24 hours after death.

Page 4 may be retained in the manital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

> VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	01901			CERTIFICATI				0159		
1.	PLACE OF DEATH				2. USUAL RESIDEN	CE (Where dec	eased lived, If Instit	ution: Residence	be ore ad	mission)
	a. COUNTY	Allogom		seable asin	a. STATE	Luca Face	b. COUNT			
	b. CITY OR TOW	Allegan N (if outside corporate	V limits.	MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (II	ryland	ALLE	gany RURAL and giv	e neares	town)
	-	N (if outside corporate and give nearest town)						/		,
	Cta	berland	dé not la la	Years ospital, give street address)		ber land		1 1	le nrei	DENCE
	d. NAME OF MOS	PITAL OR INSTITUTION	(IT NOT IN NO	ospital, give street address)	d. STREET ADDRESS				ON A F	ARM?
	1200	Bedford St	reet		1200 B	edford	Street	Y	es 🗌	NO 🗔
3.	NAME DF DECEASED	First		Middle	Last	4. DATE	Month	Ову	Yea	r
l .	(Type or print)	Geor	ge	Albert Otto	Smith	DEATH	February	23	19 6	57
5.	SEX				. OATE OF BIRTH	9.	AGE (in years LE	UNDER 1 YEAR		
)	Male	White	WIOOWEO		farch 9, 188	277	last birthday) M	onths Days	Hours	Min.
1Da	. USUAL OCCUPAT	ION (Give kind of work do	ne I 10b. K	IND OF BUSINESS OR	1 11. BIRTHPLACE (C		1 310.	12. CITIZEN C	F WHAT	
dur	ing most of work	ng life, even if retired)	11	NOUSTRY		_		COUNTRY		
	noe Store		Se.	Lf Employed	Maryland			U S	S A	
13.	TATIFICA S RAM				14. MUINER'S MAII	DEN NAME				
		Conrad Ge	orge S	Smit#	Amelia	a Danm				
15. (Ye	. WAS DECEASED E s. no. or unkown)	VER IN U.S. ARMED FORCE (If yes give war or dates of se	ES? 16.	SOCIAL ECURITY NO. 17.	INFORMANT		Address	Cumber:	land.	Md
	Yes	WW 1		Mrs	. Ruth Elis	zabeth	Smith 120			
Ī	18. CAUSE OF	DEATH [Enter only one	ause per		2			INTER	VAL BET	WEEN
	PART I. OE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a	(al	clouwers)	1200			ONSE	T AND 0	EATH
				20	Ser Janes		- ALL	~	-	7-
П	Conditions, If	OUE TO	//	1.	1	_ ×				-
	gave rise to	Immediate)(eller - C	mun					
Ш	cause (a), st)							
Z	underlying caus			THE TO BOATH DUTINGTOFF		DISTANTACH	ALTION CHURN IN DA	RT 1(a) 119.	WAS AU	ropey
CERTIFICATION	PARTII, UIMERS	IGNIFICANT CONDITION	2 GOMIKIBU	ITING TO DEATH BUT NOT RELA	TEU TO THE TERMINAL	DISEASE CON	OITION GIVEN IN PA	KI I(a) 15.	PERFOR!	MEO?
100								YES		NO Z
E	20a. ACCIDENT	WAS UNDERLYING A NG A CAUSE OF DEATH TIFY MEDICAL EXAMINE	20b. (DESCRIBE HOW INJURY OCCU	RREO. (Enter nature o	of Injury In Pa	irt I or Part II of I	tem 18.)		
23	(IF EITHER, NOT	TIFY MEDICAL EXAMINE	R)							
MEDICAL		NJURY Month, Gay, Ye	ar 2Dd.	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, f	arm, 20f.	(CTI) or town)	(County)	JS.	tate)
	Hour a.n		While	Not While Facto	ry, street, office bldg., (etc.)		13/10	1/1	111
Σ	p.n			7	1101/11	10	2/02/18	110	A (1) (A	7
				the deceased from		19oto_	400/01	,		e) last
	Saw the dec		12.1	€/19, and that	death occurred at	7.30M, Tro		id on the date 22b. Date/Sig		above.
	22a. SIGNATU	47/1	200	1	ATTENOING PHYS.	MEO	STAFF PHYS.	2/2	4/1	9
		Jule 1	ve	M.C		OIRECTOR L	PHYS.	7	1/8/	
	-22C. PHYSICIA	rpe) R. J	. Will	liams	122 S. (Centre	St., Cumb	erland.	Md	
										2003
23a	REMOVAL (Spe	ATION, 23b. DATE TH		23c. NAME OF CEMETERY			CATION (City, tow		(51)	ate)
_	Burial	Feb. 26	, 196		Cemetery		erland, M		ATTIES.	
24	. FUNERAL DIRE	CTOR JORNA	Yora	ADDRESS	25a. RE	C'D BY REGIS	STRAR 25b. REG	ISTRAK'S SIGNA	TUKE	
	John J.	Hafer, Jr.	230 1	Balto Ave, Cuml	per land part of	B 27	1967	iarles !	: cola	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0160	Z Item #	9 Fi	.lm #	CERT	IFÍCATI	ÖF	DEATH				01	59	9
	CE OF DEATH OUNTY	Alle	gany		M	ARYLAND	2. USUA o. ST/	t residence (v ^{tte} Mary	Where dece		institutia o. COUNT	1/		odmission) any
		f autside corporate limit give neorest town) Cumberla		T	LENGTH OF STA		c CITY C	Cumbe	-		ite RURA	L and give	nearest	town)
d N	AME OF HOSPIT	Sylvan F			street address)		d. STREE	T ADDRESS Unkr	nown				١	IS RESIDENCE ON A FARM? 'ES NO 🛣
3. NAM DECE (Type	NE OF EASED e ar print)		rst larti	in	Middle		Sm	ost ock	4. DATE OF DEAT	П	Month Feb.		Doy 24	Year 19 67
s. sex	le	6 COLOR OR RACE White	7 MAR WIDO	-] NEVER MARK]Unk .bivor		8 DATE OF	E BIRTH	1	AGE (In YOU	day) day)		Days	Hours Min
10a USL during m	UAL OCCLPATION nost of working UTLE	(Give kind of work dane Lie even fretired) NOWN	i	Ob KIND INDU	of Business or STRY Unkn			HPLACE (County aknown	& State art	fareign country)	12 CTIZ COUI	ZEN OF NTRY?	Unk.
13. FAT	THER'S NAME						14. MOT	HER'S MAIDEN I		,				
15 1414		Inknown		111 600	IAL SECURITY NO	17	INFORMAN	T	Un	known	Address			
(Yes, no	as DECEASED EVE a, ar unknown) Unik	R IN U.S. ARMED FORCES? (If yes give war or dates	of serv ce)	H .	0-52-996			Retrea	at, C	umber			. (C	ounty)
18.		EATH (Enter only one co IH WAS CAUSED BY: IMMEDIATE CAUSE		ne for (o), (b), and (c).)	eln	u	*						RVAL BETWEEN ET AND DEATH
	nditions if ony		(b) 7	My	oter	dit	tis c	De		fens	nte	-2_	2	yre
	e ta immediat iting the unde		(c)	0	Arte	ne	se	lerus	إسا				10	yra.
NOTA	RT II OTHER SI	GNIFICANT CONDITIONS	ONTRIBU	TING TO	DEATH BUT NOT	RELATED TO	THE TERMU	IAL DISEASE CON	IDITION GO	VEN IN PART I	l(a)		19, YE	WAS AUTOPSY PERFORMED? S NO
OR OF	CONTRIBUTING	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	26	Ob DESCR	RIBE HOW INJURY	OCCURRED	(Enter not)	ire of injury in l	Part I or Po	art II of item	18.)			
MEDICAL	c. TIME OF INS	JRY Month, Day, Year n. 19		20d INJU While at wark D	RY OCCURRED Nat While of work			RY (Hame, farm office bldg., etc.)		(City or to	wn)	(Caun	ity)	(State)
		fy that (I) (this ho	spitol) o Feb	ottende	d the deceose	ed from_ , ond the	Jun ot deoth							ot (I) (we) lo stoted obov
22	20. SIGNATURE	Clay!	5.		me	ef m	D. PHYS.	IDING D	MED. DIRECTOR	STAF		22b. DAT	TE SIGNI	67
Y	2c. PHYSICIAN'S NAME (Type		E. Du	ırre	tt, M.D.			6 Virgi	inia .	Ave.,	Cumb	erlan	ıd,	Md.
	URIAL CREMATION OF THE PROPERTY OF THE PROPERT				23c NAME OF C			-		Cumbe:		,	County)	(Stote) legany
	INERAL DIRECTO James 1	R						25a REC'I DATE		TRAR 1967		CARS SI	ATUR	

TO HOSPITAL OR ATTENDING PHYSICIAN: Ille law requires that the dwath certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by it director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pag shauld be filed with the State Dept. of Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs Page 4 may be retained by the haspital ar attending physician.



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01600

1. PLACE OF DEATH a. COUNTY Allegany MARYLAND	a. STATE ATY LANG b. COUNTY Allegany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cumberland 16 years	Cumberland
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
Sacared Heart Hospital	NAKATKIXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
(1) po or printy	quillari de DATE Month Day Year 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 Male WIDOWED DIVORCED	8. DATE OF BIRTH 6/19/10 (56) 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Choi Resturaunt	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MALDEN NAME
Eugenio Squillari	Mary Ferrero
15. WAS DECEASED EVER IN U.S. ARMEDFORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service) 219-34-6002	INFORMANT Sacred Heart Decatur St, Cumberland
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: MYOCARDIAL	FUEARETION ONSET AND DEATH
IMMEDIATE GAUSE (a)	
Cenditions, If any, which \ (b)	
gave rise to immediate	
cause (a), stating the DUE TO	
underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
S PART IS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	PERFORMED?
	YES_NO
G OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)
(1-	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) ry, street, office bldg,, etc.)
Hour a.m. While Not While p.m. 19 at work at work	17, street, builde bldg., etc./
	DEC 1966, to 2-1/ 1967, that (1) twe) last
saw the deceased alive pn 3-11 1967, and that	t death occurred at 90 M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
In Lente M.D	ATTENDING MED. STAFF 2-14-67
22c. PHYSICIAN'S NAME (Type) / MICHAFL GELICK	22d. ADDRESS 126 N. SMALLWOOD ST CUMBELLAND
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	(OR CREMATORY 23d. LOCATION (City, town or county) (State)
DCMOVAL (Specify)	Paul Cemetery Cumberland Md. Allegany
24. FUNERAL DIRECTOR ADDRESS ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

FEB 15

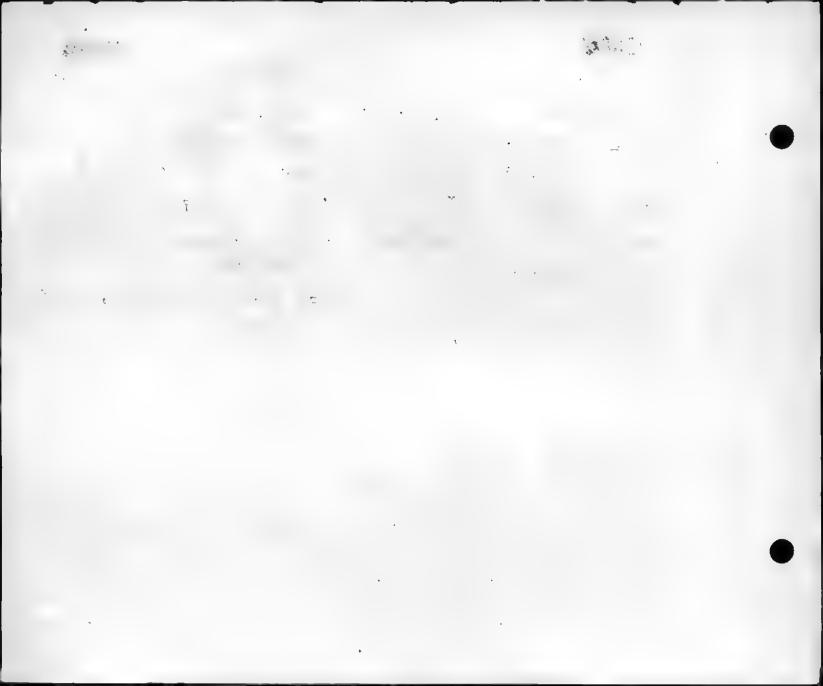
DATE

25b 1967

REGISTRAR'S SIGNATURE

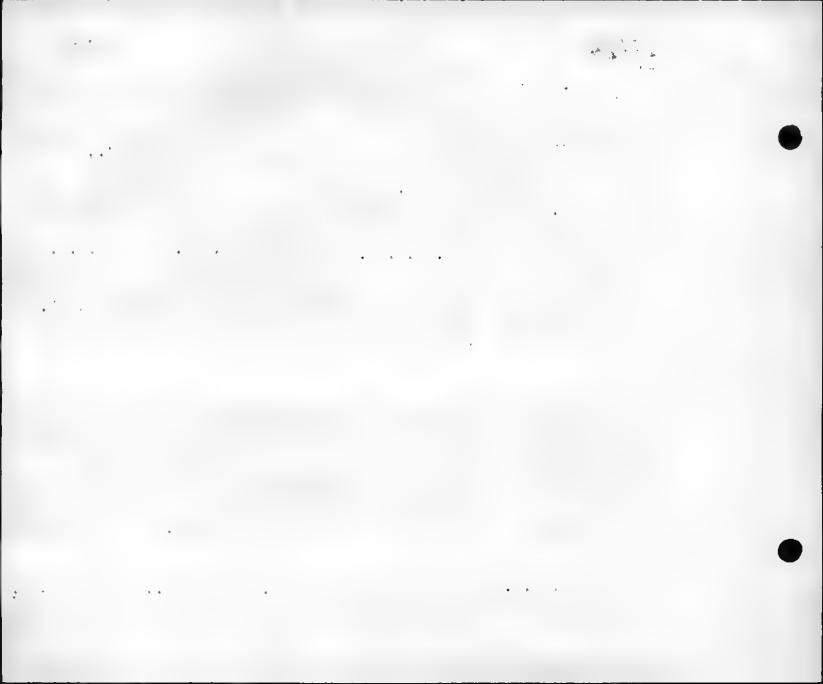
VR AI5 (4) 2DM 1/65

James F. Scarpelli, Cumberland, Md.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 01804 CERTIFICATE OF requires that the death certificate be executed within 24 hours after death pup PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased leved, funstitution Residence before own ssion) campletely filled in by the funeral lave carbon papers. Pages 1 and o. COUNTY b. COUNTY ALLEGANY MARYLAND EGANY C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY DR IDWN (If outside corporate I mits. papers. Pag hin 72 haurs (write RURAL and give negrest town) 15 DAYS FROSTBURG. CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL 206 MC CULLOUGH ST. within 2 Middle NAME OF First Lost 4 DATE Month Year remove carbon OF DECEASED 67 GODFREY EBRUARY D. DEATH any event, (Type or print) AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS. 4 SEX 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** DATE OF BIRTH 1905 62 yrs. Months Doys Hours MALE WHITE -22 - 1/907 WIDOWED DIVORCED and (100 USUAL DCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) and in a physician c ien please please during most of working life, even if retired)
RETIRED COUNTRYS INDUSTRY FROSTBURG. MD. R.R attending physic permit. Then ple ian, or remaval, a 14. MOTHER'S MA DEN NAMI 13 FATHER'S NAME JOHN STOTT LAURA DAVIS 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT MEMOR Address TAL-CUMBERLAND. MD. (Yes, no, or unknown) (If yes give wor or dates of service signed by the atter burial-transit permi burial, crematian, o INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per tine for (a), (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse has been detached far use as the te Dept, af Health prior ta lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) ATTENDING PHYSICIAN: The NO d O FUNERAL DIRECTOR: After this certificate Page 4 may be retained by the haspital or 20o ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL-EXAMINER MED CAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town), (County) (Stote) 20c TIME OF INJURY Month, Day, Year Hour p.m While foctory, street, office bldg, etc.) Not While State | of work at work 21 I certify that (1) (this haspital) attended the deceased from M. from causes and on the dote stated above director, page 3 should should be filed with the and that death accurred at saw the deceased plive on 22p. SIGNATUR 22b DATE SIGNED **ATTENDING** STAFF -M.D. PHYS. DIRECTOR PHYS 22d. ADDRESS 72c. PHYSICIAN S WILLIAMS ST. . CUMBE NAME (Type) CENTRE 23d LOCATION (City pr Town) 230 BURIAL CREMATION DATE THEREO NAME OF CEMETERY OR CREMATORY (County) (Stote) 24. FUNERAL DIRECTOR ADDRES 250. .REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURI VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01605 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission o. COUNTY b. COUNTY ALLEGANY MARYLAND EGANY b CITY OR TOWN (If outs de corporate limits, c LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) **CUMBERLAND** IDAY d. STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) CARROLL ST. 1F110RIAL HOSPITAL YES NO DC 3. NAME OF First Middle Lost 4. DATE Month Year DECEASED ELLA MAE FEBRUARY 24 TAYL OR DEATH (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6 COLOR OR RACE 7 MARRIED **NEVER MARRIEO** 8 DATE OF BIRTH last birthdoy) Months Doys Hours 12-17-1889 WIDOWED DIVORCED :AI E 12 CIT ZEN OF WHAT 106 KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 10o USUAL OCCUPATION (Give kind of work done during most of working tile, even if retired Housekeeper - At Home COUNTRY? INDUSTRY MARYLAND 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARGARET SHILLING AFAYETTE MOXLEY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 213-03-7977 HOSPITAL. CUMBERLAND. '4D NTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for **-(句**), and (c)) ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse last. WAS AUTOPS PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION YES NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of Item 18.) 20o ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year 20f. Hour o.m. fectory, street, office bldg., etc.) Not While gt work 21. I certify that (I) (this haspital) attended the deceased from and that death occurred at5 M, fram causes and an the date stated above. saw the deceased alive an DATE SIGNE 22o. SIGNATURE 22b M.D. PHYS DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) VIRGINIA AVE 23o BURIAL CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (Stote) 2/26/67 Cumberland Allegany Maryland RoseHill Cemetery 2So REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** H. Lee Silcox Cumberland Maryland 21502

requires that the death certificate be executed within 24 haurs after death

'O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician.

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signed by the attending physician and camplete buriai-transit permit. Then please remove carb burial, crematian, or remaval, and in any évent,

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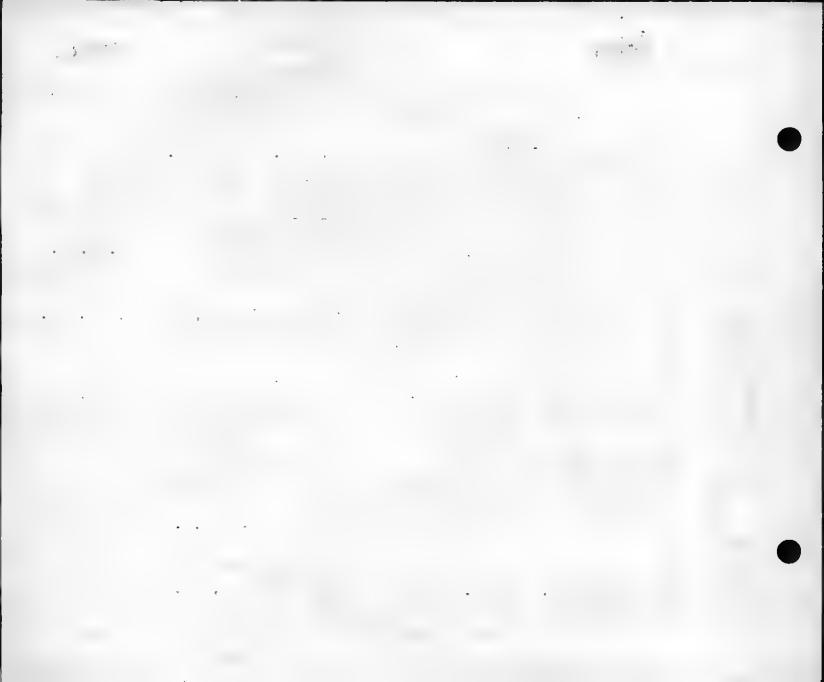
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01606 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death death funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) ALLEGANY b COUNTY a COLINTY MARYLAND ALL EGANY filled in by the fundamental pages. Pages C LENGTH OF STAY IN 16 c CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate , mits, DAYS CUMBERLAND d STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address) MEMORIAL HOSPITAL 120 W. OFFUTT □ NO 🔼 NAME OF Middle 4 DATE Manth First DECEASED THARP EBRUARY 28 DAVID 67 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH AGE (In years S SEX 6 COLOR OR RACE NEVER MARRIED 7 MARRIED last birthday) Doys Haurs 2-20-96 WHITE MALE **GBWODIW** DIVORCED in any 10a USUAL OCCUPATION (Give kind of wark dane 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) PLANT NURSERY COUNTRY? during most of working fe, even if retired) OPERATOR MARTINSBURG. W. VA. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME HARVEY THARP ELIZABETH SHAD 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, na, or unknown) (If yes give wor or dates at service) MEMORIAL HOSPITAL. CUMBERLAND. MD. NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). signed by the burial-transit PARY I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave use to immediate cause (a), DHE TO tar use as the b i Health prior tab stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO by the haspital ar ą 20g ACCIDENT WAS UNDERLYING [1] 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF E THER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or fown) (State) 20c TIME OF INJURY Month, Day, Year factory, street, office bidg., etc. Hour o.m. Nat While et work at work A, 8:19 tp. M Full 2819 6 That (I) (we) last at ______M, fram causes and an the date stated above. 21 1 certify that (1) (this haspital) attended the deceased from sow the deceased alive an Buck. 28 1967, and that death accurred at_ 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS **ATTENDING** DIRECTOR director, page 3 shauld be filed v 22d ADDRESS 22c PHYSICIAN'S CUMBERLAND. MD. NAME (Type) CLAY E. DURRETT 23d LOCATION (City or Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23g. 8UR, AL. CREMATION. (County) REMOVAL (Specify)
BURIAL DAVIS MEMORTAL BURIAL PARK CUMBERLAND. 2Sb REGISTRAR S SIGNATURE 2Sq. REC'D 8Y REGISTRAR 24 FUNERAL DIRECTOR BYRON KIGHT VR A15 (4) 4 CUMBERLAND. MD. 20 M 1/66



FROSTBURG

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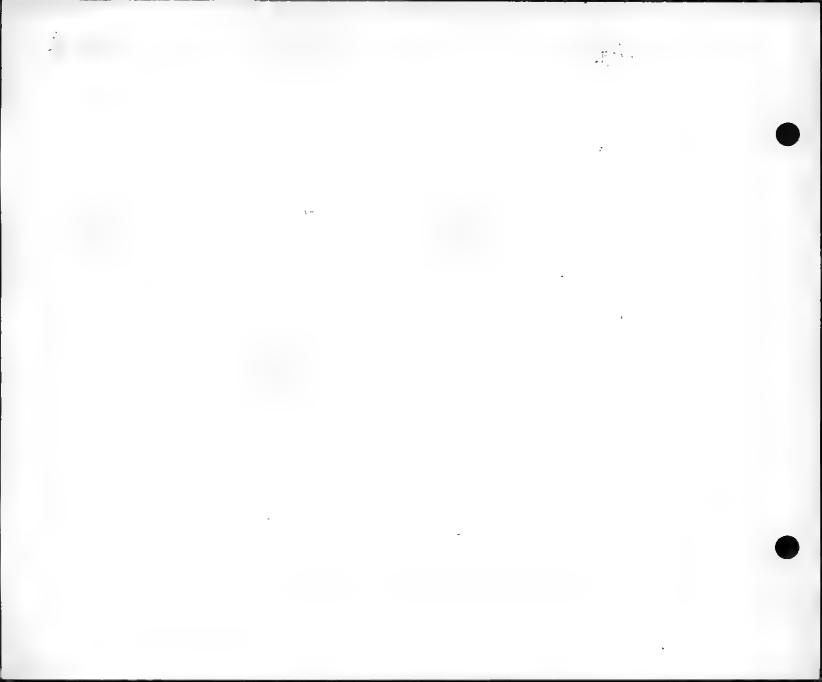
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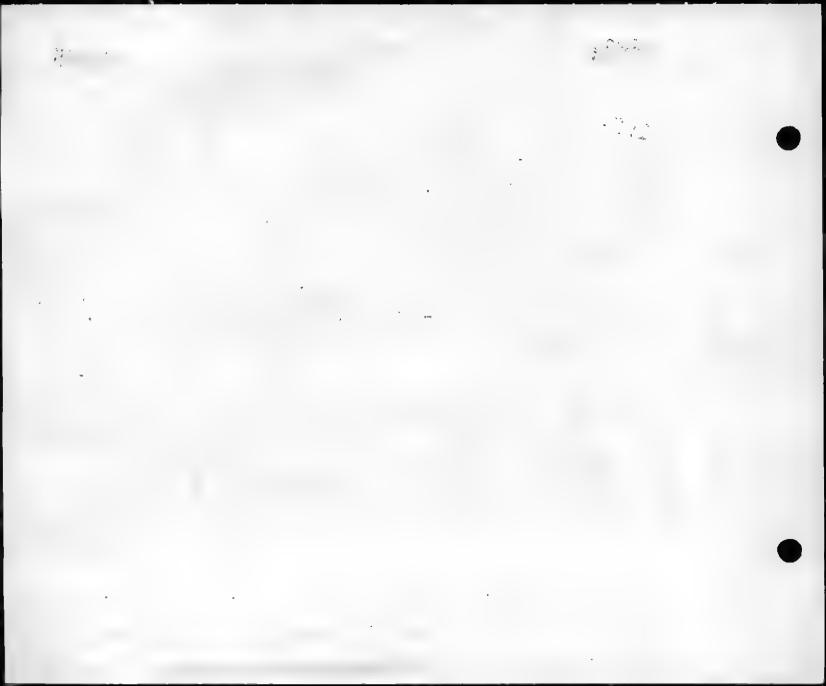
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 01608 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY ALLEGANY MARYLAND ALLEGANY MARYLAND C. LENGTH OF STAY IN 16 b CITY OR TOWN (If outs de carparate limits, c CITY OR TOWN (f autside carparate limits, write RURA, and give nearest town) write RURAL and give negrest town) 9 DAYS MIDLOTHIAN d NAME OF HOSP TAL OR INSTITUT ON (If not in haspital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS MINERS HOSPITAL YES NO A 3. NAME OF Middle Firs+ Last 4. DATE DECEASED OF FEBRUARY WALKER 8, 67 ISABELLE H. (Type or print) S SEX 6. COLOR OR RACE B. DATE OF BIRTH IF JNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 9. AGE (In years last a rthday) REMATE WHITE FEB. 25, 1916 WIDOWED DIVORCED 10a USUA, OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) HOUSE KEEPER COUNTRY? HOME MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JANET BRIMLON JAMES WALKER Address FROST VILLAGE. IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) 14-05-9803 MRS. RUTH LASHBAUGH. FROSTBURG, MD. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying couse last WAS AUTOPS! PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? NO 20o. ACCIDENT WAS UNDERLYING [7] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour o.m. factory, street, affice bldg., etc. k. Not While at work at work 21. I certify that (I) (this haspital) attended the deceased fram. , 19 ta , 1922, that (1) (we) last 1941, and that death accurred at 5. M, fram causes and an the date stated above. saw the deceased alive an _____ 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. C lat with i DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) MARTIN ROTHSTEIN. MD. 48 BROADWAY. FROSTBURG. MD 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 1967 FROSTBURG MEMORIAL PARK FROSTBURG. 24. FUNERAL DIRECTOR ADDRESS 2Sa REC'D BY REGISTRAR 967 REGISTRAR'S SIGNATURE JOSEPH R. DURST, SR., FROSTBURG, MD. DATE

remures that the death certificate be executed within 24 hears after death P popers. Pag hin 72 hours a event, within carbon completely Femove (signed by the attending phy burial-transit permit. Then burial, cremotion, or removoi by the hospital or attending as the hos for use Health After this certificote - T detoched Stote Dept. be retained O FUNERAL DIRECTOR: director, page should be filed Poge 4 moy



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

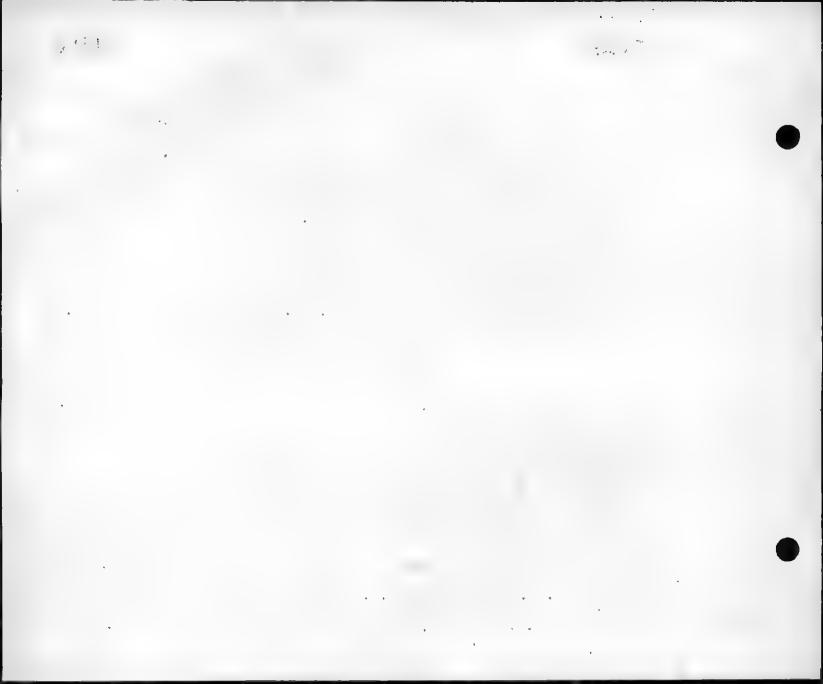
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CERTIFICATE OF DEATH

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/	1, 1	PLACE OF DEATH						2 USUAL RESIDENCE (V	Vhere deceosed le	ved, if institution	Residence	before odmission)	
	0	o. COUNTY	Allegan	i) ^p		444 849 14		o. STATE Mars	yland	p COMMIA	1	Allegany	
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		write RURAL and	autside corparate limits auye neorest Jown)	,			Ð						
			rrostburg			months			Grand	Ave.Cumb	perla		
	0	d, name of Hospital	OR INSTITUTION (f no	r n hosp	oitol, give :	street oddress)		d STREET ADDRESS				B IS RESIDENCE ON A FARM?	
1			Miners H	ospi	tal			202	Grand	A _v e.		YES NO X	
		NAME OF DECEASED	Fo	12		Middle		Lost	4. DATE OF	Month		Day Year	
	((Type or pnnt)	A:	nna		Mary		Waters	DEATH	Feb.		1. 19 67	
	5 5	ZEX	6 COLOR OR RACE	7 MAR	RIED	NEVER MARRIED	3 8	DATE OF BIRTH	9 AG		UNDER 1 Y		
	F	emale	White	WIDO	WED x	DIVORCED	5	Nov.20,188	32 8	st birthdoy) Mi	onths D	Doys Hours Min.	
	10o	USUAL OCCUPATION (Give k rid of work done	1		OF BUSINESS OR		11 BIRTHPLACE (County)	& Stote, or foreign	country)		EN OF WHAT	
	during most of working life even fretired) Housewife INDUSTRY Own Home							Cumberla	and .Md.		COUN	USA	
	13.	FATHER'S NAME	1104664110		OWI	Home		14. MOTHER'S MAIDEN N				UDA	
			~					2.4					
	10	WAS DECEMEND DATE	George IN U.S. ARMED FORCES?	Gre		AL SECURITY NO.	17 6	<u>Margaret</u>	t Claus	er Address	T)	ughter	
	(Ye:	s, no, or unknown) (If yes give wor or dotes o	f service)	10 20(1)	AC SECURITI NO.	,		Dana	71==-77-	40	n -	
		no					M	rs. Wm. T.	DITION	, baltin	nore,		
		IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH											
		PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) ACUTE BRAIN DUNGROME ONSEI AND DEATH											
		+1+17			_			-/				1.	
		Conditions, if any,		(b) C	-100	- What 6	RI	DISTIDA	RBANG	E]	IWEEK	
		rise to immediate	couse (o), (DUE				1			4			
		stoting the underli	Ying couse	(d) A	440	ERTEN	310	E MARCH	LARI	156436	2	54 FAKS	
		PART II. OTHER SIG	NIFICANT CONDITIONS C	ONTRIBU	TING TO DE	EATH BUT NOT RELATE	D TO T	HE TERMINAL DISEASE CON				19 WAS AUTOPSY	
	CERTIFICATION		-									PERFORMED? YES NO	
	SI S	20o ACCIDENT WAS	INDED. VINC [7]	1 2	Ok DESCRIP	DE HOW INTERVACED	IDDED 1	Enter noture of injury in I	Bort Lor Port II a	f item ID)			
	ERT	OR CONTRIBUTING E	CAUSE OF DEATH	2	UD. DESCRII	DE HON HOURT OCCU	IKKED. I	tiller motore or miloty in t	ron i or ron n c	of theirs (0.)			
	AL C	(IF EITHER, NOTIFY N							1001 15		15	(5)	
	MEDICAL	20c TIME OF INJUI Hour o.m.	tY Month, Doy, Year		While -	Y OCCURRED 20		E OF INJURY (Home, farm bry, street, office bldg., etc.)		ty or town)	(Count	ty) (State)	
	Z	p.m.	- 10		ot work	ot work	10 21	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u>.</u> .			
		21. I certify	that (I) (this has	pital) c	attended	the deceased fro	am	Dec. 28,1	9 6 6 ta_	Feb. 1		7 that (I) (we) last	
		saw the de	eased alive an	FEL	5_1	19 <u>67</u> , an	d that	death accurred at	9778M, fr	am causes and	I an the	date stated above.	
		220. SIGNATURE	0 .		11			ATTranslato	MED		22b. DATE	SIGNED	
		(1	Acres 1	X	IIA	-NA	M.E		MED DIRECTOR	STAFF PHYS	TIB	1-2 1967	
		22c. PHYSICIAN'S	- Cargo	- 70		-		22d. ADDRESS				7	
(NAME (Type)	Dr. A.	Paic	re St	rong M.D.		167 E.K	1AINS	zt - FRC	>st b	URG Md	
	23c	BURIAL, CREMATION			,	3c NAME OF CEMETER		REMATORY	23d LOCATI	ON (City or Town)	(0	ounty) (State)	
_		REMOVAL (Specify)	Feb.4.		7 0	t. Mary	e 0	amat amir		rland,	Md A	llegany	
	24	EUNERAL DIRECTOR				ADDRESS		Zo REC'D	BY REGISTRAR	25b. REGIST			
	E-4	James F.	Scarpell	i, (Cumbe	erland, M	d.					was Ondas	
								LUAIT L	- P M /	136 les 7 17	11/20	STOP OF A STANDARD BY	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2, should be filed with the State Dept. of meath prior to burial, cremation, or removal, and in any event, within 72 hauss after deaph. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death settlifate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

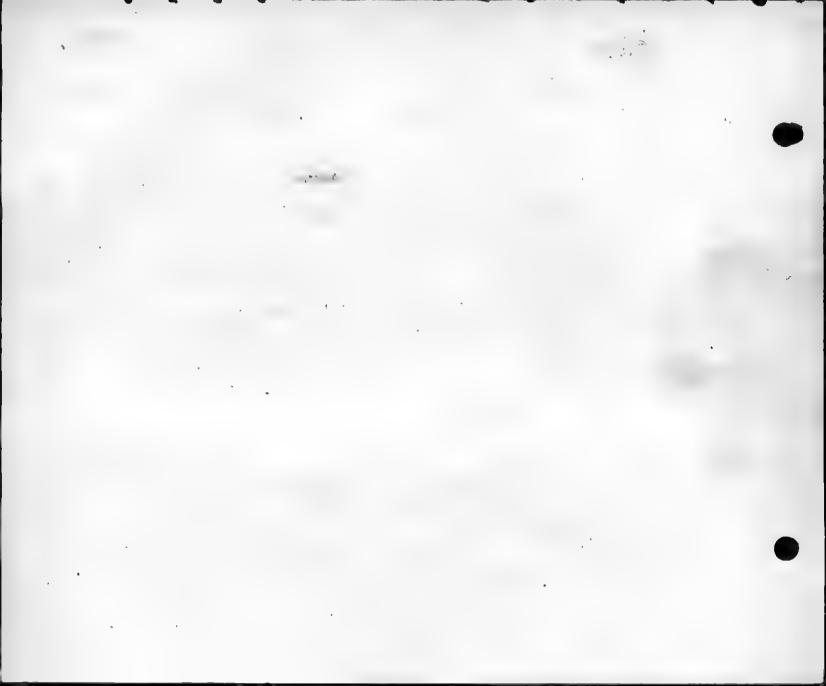


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	MARYLAND STATE DEPA			
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 3	01 W. PRESTON	STREET, BALTIMORE 1	I, MARYLAND
01610	RESEARCH AND RECORDS, 3 CERTIFICATE	OF DEATH	{}	1607
Y-K-V-L-L				-

1. PLACE DF DEAT 8. COUNTY	H				2. USUAL RESIDEN	CE (Where di			sidence bef	ore admission)
e. COUNTY	ALLEGANY		MARYL	IND	a. STATE MA	RYLAND	b. COU.		LEGAN	V.
b. CITY DR TDV	/N (if outside corporate	limits, c.	LENGTH OF STAY		c. CITY OR TOWN (If	outside co	rporate limits, w	rite RURAL	and give n	earest town)
CUMBERI	. and give nearest town)		9 DAYS		MT - SAVA	CF.		*		
	SPITAL OR INSTITUTION	(If not in hospi	,	dress)	d. STREET ADDRESS	G Ca				RESIDENCE
SACRED HE	EART HOSPITAI	1	, -						YES	N A FARM?
3. NAME DF	Firs		Middle		Last	4. DATE	Mont	th	Day	Year
(Type or print)	JAME	TS .	E	W	IARTON	DEAT	_ 6-7_6-6			19
5. SEX	6. COLOR OR RACE 7	. MARRIED	NEVER MARRIED	□ 8	. DATE OF BIRTH	9	. AGE (In years last birthday)			OUTS Min.
MALE	WHITE	WIDOWED [DIVORCED		4/13/86		80 yrs.	WUITUIS	Days In	Out 5 Miss.
1Da. USUAL OCCUPA	TIDN (Give kind of work do	ne 10b. KIND	DF BUSINESS OR		11. BIRTHPLACE (C	ounty & State	e, or foreign countr		TIZEN DE '	WHAT
RETIRE	O - DYE HOUSI	CELAN			MARYLAND				S.A.	
13. FATHER'S NAM	1E				14. MOTHER'S MAIL	DEN NAME				
EDMAI	D UHARTON				ELTZAB	ETH AS	SHKETTLE			
15. WAS DECEASED	EVER IN U.S. ARMED FOR	ES? 16. SOC	IAL SECURITY NO.	17.	INFDRMANT		Addre	88		
(1 cs, Ive, or Mickowil)	(If yes give war or dates of s		-01-0110A	1 7	T'S CHART	. ¬				
18. CAUSE DF	DEATH [Enter only one				T-D CHART		- 12-			L BETWEEN
1 1	EATH WAS CAUSED BY:	(11	et M	. /	Eracal o	Meir	Jun		ONIT	AND DEATH
	IMMEDIATE CAUSE (a	/	,	/	1 1	X -				
Conditions, If	any which \	(03/	110511/2	xat.	ic Heal)	122	cd. 20		15	4k
gave rise to	Immediate			40	1111	/				. 11
cause (a), s		A 2 3 6	1. 1/3 1/6	2 - 1	Gent to	zileil	k o		21	0/
and a supplemental state of the	SIGNIFICANT CONDITION	S CONTRIBUTION	IG TO DEATH BUT NO	TRELA	FD TO THE TERMINAL	DISEASE COL	MDITIONGIVENIA	PART I(a)		AS AUTOPSY
Track	ratinger of	cz Zati	506:12	10/9	4 3/20	arthe	etes		YES [REFORMED?
20a. ACCIDENT BR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING TING TO CAUSE DE DEATH TIFY MEDICAL EXAMINE	20b. DES	CRIBE HOW INJUR	Y OCCUI	RED. (Enter nature o	f Injury in F	Part or Part	of Item 18.)	
	INJURY Month, Day, Ye		,	TO DIAF	E OF INJURY (Home, f	arm 20f	(City or town)	(Cou	ntv)	(State)
20c. TIME OF Hour a.		While	Not While		y, street, office bldg., e		(GILY OF CONTY	(000)	/	(02020)
	m. 19	at work	at work	7	110		70		-/-	
	fy that (I) (this-hospit	all attended			1	9 <u> — </u>		192		(I) (we) last
	ceased alive on 🐣	AH	19º, an	d that	death occurred aid	2 C M 3	rom, the causes		ne date s	
22a. SIGNATU	Harring	mis			ATTENDING 1	MED.	STAFF	7	2 = -	67
DE TOR		21 21 1		M.D.	PHYS. 22d. ADDRESS	DIRECTOR	PHYS.	15 C	1	
22c. PHYSICI NAME (1		INAN			15/2 De	defac	1. J. J. J.	1.00	buta	
23a. BURIAL, CREI		EREOF 2	3c. NAME OF CEN	METERY	OR CREMATORY	23d. L	OCATION (CRy, I	town or cou	nty)	(State)
REMOVAL (SE BURTAT			ST. PATRI	CKIS	CEMETERY	MT	SAVAGE	_ NTD		
24. FUNERAL DIR			ADDRESS		The second secon	C'D BY REG	ISTRAR 25b.	EGISTRAR'	S SIGNATU	IRE
JOSE	PH R. DURST,	SP. F	ROSTBURG.	MD.	DATE F	EB 27	7 1967	Ochan	elas (udge
		77			I NUIT .		10001	<i>U</i>	Y-A	-6-



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01611 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH Maryland o. COUNTY Allegany c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lonaconing Frostburg e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Beechwood Street NOX X YES Miners Hospital 4. DATE Year Middle Manth 3. NAME OF OF DEATH DECEASED (Type or print) 2/8/ 1967 SIMEON 19 IF LINDER 24 HRS AGE (In years B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED (Storinthdoy) Months Days Haurs White WIDOWED DIVORCED Male 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar foreign country) 10a, USUAL OCCUPATION (Give kind of work done COUNTRY? INDUSTRY during most of working life, every serired) Garrett CO. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME James Whiteman Eliza Ellen Green 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes_no, arunknown) (If yes give year or dates of service)
Yes—WOILD War # 1 17. INFORMANT 16. SOCIAL SECURITY NO. Lonaconing. Maria Whiteman INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY (MMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (Stote) 20e. PLACE OF INJURY (Home, farm, (City or town) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Nat While ot wark 19(6) 10 21. I certify that (i) (this hospital) attended the deceased fram 1967, and that death accurred at 15 p.M. from causes and an the date stated above. saw the deceased alive an. 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR STAFF 21916 PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S LONACONING NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) DATE THEREOF 23g. BURIAL, CREMATION. REMOVAL (Specify) Frostburg MD Memorial Park 2So. REC'D BY REGISTRAR GEORGE EICHHORN Lonaconing, Md. DATE

death OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death pun filled in by ...
papers. Pages 1 ...
72 haurs after d pan burial, crematian, burial-transit be retained by the hospital or attending as the has this certificate jo TO FUNERAL DIRECTOR: After director, page shauld be filed

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personal backgar in Parte Albert Consideration of The Consideration of editi ele sail sail Communication Law 1,74 ment of the outside the contract of the contra ---17 Con Chasmel W. 1970 L. destro

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		0161	3		CERTIF	ICATE	OF DEATH		0	1609
		PLACE OF DEATH o. COUNTY	ALLEGANY		MAR	YLAND	2. USUAL RESIDENCE (W o. STATE MAR	here deceased lived, YLAND	1 description	nce before admission) LEGANY
		Write CUMB	If outside corporate limits ERLAND		47 DAYS			side corporote limits,	write RURAL and giv	01-1
0	(ALOR INSTITUTION (IF no ORIAL HOSI		ive street oddress)		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO X		
)	1	NAME OF DECEASED (Type or print)	Fir J	ÖHN	Middle P.	ZIM	MERMAN	4. DATE OF DEATH	Month	
	5. 5	MALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCE	-	7-18-1902		thday) Months yrs.	Doys Hours Min.
	10a. duri	USUAL OCCUPATION	(Give kind of work done	and INI	ND OF BUSINESS OR DUSTRY Crage Sala	sman	11. BIRTHPLACE (County 8		itry) 12. C	OUNTRYS.A.
	13.	FATHER'S NAME CHARLI	ES P. ZIM	/BRMAN			14. MOTHER'S MAIDEN N. LAURA B			
			R IN U.S. ARMED FORCES? (If yes give wor ar dates a		SOCIAL SECURITY NO.		NFORMANT EMORIAL HO	SPITAL-(Address CUMBERLA	IND, MD.
		PART I. DEA' Canditions, if any rise to immediat stating the unde	e cause (a), rlying cause	(a) 8 que (b) 10 (c) 10 (d) 10	amous (Peru	noma, l	lung, x	ight	onset and death of mouths
3	CERTIFICATION						HE TERMINAL DISEASE CON			19. WAS AUTOPSY PERFORMED? YES NO
			S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)			Ì	Enter nature of injury in P		m 1B.)	
	MEDICAL	20c. TIME OF INJU Hour a.i p.i	DRY Manth, Day, Year n. 19	20d. IN While at wark	JURY OCCURRED Not While at work		E OF INJURY (Home, farm, iry, street, affice bldg., etc.)	20f. (City or	town) (Co	aunty) (State)
		saw the d	fy that (I) (this has eceased alive an		led the deceased 4 1967,	from_(and ther			tguses and an	67, that (I) (we) last the date stated above.
	_	22g. SIGNATURE	X - PV P	wy	~	M.D		MED. ST/ DIRECTOR PH	AFF C	DATE SIGNED 27, 1967
1		NAME (Type	DR. WYLI		FAW		122 S.			ERLAND, MD.
0	1	BURIAL, CREMATIC REMOVAL (Specify Burial)	2/27	REOF	23t. NAME OF CEM Hellose	etery or c	Revial Pork	Cumbe	clard &	(County) (Stote)
	24	TONERAL DIRECTO	loin Inc	. 11	ADDRESS 7 Frede	reil	250. REC'D DATE	FEB 28	25b. REGISTRAR'S	signatures Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending pllysician and campletely filled in by the fur director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon, papers. Pages 1 shauld be filed with the state Dept. of Health prior to burial, crematian, ar removal, and in any eyent, within 72 haurs after Page 4 may be retained by the haspital ar attending physician.

